

**North Carolina Department of Health and Human Services**

**Division of Mental Health, Developmental  
Disabilities, and Substance Abuse Services**

**2001-2002 Performance  
Agreements with  
Area Programs and Counties**

**Report on the Second Quarter**

October 1, 2001 - December 31, 2001

Prepared by

**Advocacy, Client Rights, and Quality Improvement Section  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



February-2002

# 2001-2002 Performance Agreement Second Quarter Report

## Table of Contents

	<u>Page</u>
<b>Introduction</b>	
Background	I
Changes from the First Quarter Report	ii
Appeals Process	ii
Report Schedule (revised)	iv
Contact List (revised)	v
<b>Performance Requirements</b>	
<b>A. Fiscal Management</b>	
1. Maintain Responsible Practices	1
2. Submit All Required Reports:	
Quarterly Fiscal Monitoring Reports	2
Cost Finding Report	3
Revenue Adjustment Reports	4
Annual Medicaid Services Audit Paybacks	5
Substance Abuse Prevention and Treatment Block	
Grant Compliance Report	7
Substance Abuse/Juvenile Justice Initiative Quarterly	
Reports	9
TANF/Work First Initiative Quarterly Reports	11
VOS - Regular UCR	13
VOS - CTSP UCR	14
VOS - MR/MI UCR	15
VOS - Adult and Youth Homeless UCR	16
<b>B. Accountability</b>	
1. Corrective Actions and Management Improvements	17
2. Accreditation by the Council on Accreditation	80
3. Submit Timely and Complete Client Data Reports:	
Client Data Warehouse (CDW)	81
Client Outcome Initiative (COI)	84
CTSP Assessment and Outcome Instrument (AOI)	86
MR/MI Person Centered Plans	87
DD Core Indicators Project	88
Local Community Collaboratives CTSP Wait List Data	89
<b>C. Client Rights and Relations</b>	
1. Client Satisfaction Surveys	90
<b>D. Access to Service</b>	
1. Children in Department of Social Services Custody	91
<b>E. Service Delivery</b>	
(No reports this quarter)	
<b>Appendix</b>	
Corrected Tables	
Accountability 3 - MR/MI Person Centered Plans, First Quarter	

# **Introduction**

## **Background**

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2001-2002 is the third year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the second quarter report under the 2001-2001 Performance Agreements. It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the second quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Division Section or Branch staff member to contact for information regarding the requirements and/or associated reports.

## **Changes from the First Quarter Report**

1. The At Risk Children (ARC) service program was changed to the new Comprehensive Treatment Services Program (CTSP) after the execution of the 2001-2001 Performance Agreements. The following performance requirements listed in Section IV of the Performance Agreements, and their associated second quarter reports, are revised as indicated:

<b>From</b>	<b>To</b>
A. Fiscal Management 2 Volume of Services Submissions: At Risk Children UCR	A. Fiscal Management 2 Volume of Services Submissions: Comprehensive Treatment Services Program (CTSP) UCR
B. Accountability 3 At Risk Children Assessment and Outcome Instrument (AOI)	B. Accountability 3 Comprehensive Treatment Services Program (CTSP) Assessment and Outcome Instrument (AOI)
B. Accountability 3 Local Community Collaboratives will submit At Risk Children waiting list data	B. Accountability 3 Local Community Collaboratives will submit CTSP waiting list data

2. A supplemental table has been included for performance indicator Accountability 3 – Client Data Warehouse (CDW). The new table reports on the percentage of CDW submissions on clients admitted during the first quarter of SFY 2001-2002 with missing required fields.

3. The second quarter report format and content for performance indicator Accountability 3 – Client Outcomes Instruments (COI) are changed from the first quarter report.

## **Appeal Process**

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters

to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director  
North Carolina DMH/DD/SAS  
3001 Mail Service Center  
Raleigh, NC 27699-3001

# 2001-2002 Performance Agreement Report Schedule

Revised February 2002

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.	<b>As Needed</b> This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		Quarterly Fiscal Monitoring Reports	X	X	X	X
		Cost Finding Report		X		
		Revenue Adjustment Reports	X	X	X	X
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	X	X	X	X
		TANF/Work First Initiative Quarterly Reports	X	X	X	X
		Volume of Service Submissions for:				
		Regular UCR	X	X	X	X
		Comprehensive Treatment Services Program (CTSP) UCR	X	X	X	X
		UCR-MR/MI	X	X	X	X
		UCR special categorical Adult and Youth Homeless (when applicable)	X	X	X	X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Achieve and maintain accreditation by the Council on Accreditation	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		Client Data Warehouse (CDW)	X	X	X	X
		Client Outcome Initiative (COI)	X	X	X	X
		CTSP Assessment and Outcome Instrument (AOI)	X	X	X	X
		MR/MI Person Centered Plans	X	X	X	X
		NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		Participate in the Developmental Disabilities' Core Indicators Project		X		
		Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section	X		X	
		Complete the NC SNAP			X	
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Access to Services	1	Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding	X	X	X	X
E. Service Delivery	1	Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge from state hospitals and ADATC's. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services)				X

PA Report Schedule01-02, Q2

# 2001-2002 Performance Agreement Contact List

Revised February 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
		Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Cost Finding Report	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Revenue Adjustment Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Manly Fishel, Program Accountability	919/881-2446 Manly.Fishel@ncmail.net	Program Accountability Section Mail Service Center 3012 Raleigh, NC 27699-3012
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Substance Abuse Services Section	(919)733-4671 Terrie.Qadura@ncmail.net	Substance Abuse Services Mail Service Center 3007 Raleigh, NC 27699-3007
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Mail Service Center 3007 Raleigh, NC 27699-3007
		TANF/Work First Initiative	Helen Wolstenholme, Substance Abuse Services Section	(919)733-4671 Helen.Wolstenholme@ncmail.net	Substance Abuse Services Mail Service Center 3007 Raleigh, NC 27699-3007
		Volume of Service Submission: Regular UCR (Pioneer)	Rick DeBell, Budget Section or Bob Duke, DHHS Controller's Office	(919) 733-7013 Rick.DeBell@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		Volume of Service Submission: Comprehensive Treatment Services Program (CTSP) UCR	Julie Hayes Seibert, Child and Family Services	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Mail Service Center 3015 Raleigh, NC 27699-3015
		Volume of Service Submission: MR/MI UCR	Judy Bright, Developmental Disabilities Section or Bob Duke, DHHS Controller's Office	(919) 733-3295 Judy.M.Bright@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Developmental Disabilities Mail Service Center 3006 Raleigh, NC 27699-3006 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		UCR special categorical Adult and Youth Homeless (when applicable)	Bonnie Morell, Adult Mental Health	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation by the Council on Accreditation (COA)	Michael Byrne, Advocacy, Client Rights, and Quality Improvement	919/420-7927 Michael.Byrne@ncmail.net	Advocacy, Client Rights, & Quality Improvement Section Mail Service Center 3009 Raleigh, NC 27699-3009

# 2001-2002 Performance Agreement Contact List

Revised February 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
<b>B. Accountability</b>	3	Submit timely and complete client data reports:			
		Client Data Warehouse (CDW)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		Client Outcomes Instrument (COI)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		CTSP Assessment and Outcome Instrument (AOI)	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Mail Service Center 3015 Raleigh, NC 27699-3015
		MR/MI Person Centered Plans	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Mail Service Center 3006 Raleigh, NC 27699-3006
		NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Mail Service Center 3007 Raleigh, NC 27699-3007
		Participate in the Developmental Disabilities Core Indicator Project	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Mail Service Center 3006 Raleigh, NC 27699-3006
		Local Community Collaboratives will submit CTSP waiting list data	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Mail Service Center 3015 Raleigh, NC 27699-3015
		Maintain current, accurate computerized database reflecting content specified by the DD Section	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Mail Service Center 3006 Raleigh, NC 27699-3006
		Complete the NC SNAPP	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
<b>D. Access to Services</b>	1	Provide access to services for eligible children in DSS custody	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Mail Service Center 3015 Raleigh, NC 27699-3015
<b>E. Service Delivery</b>	1	Schedule and see individuals within 5 working days of discharge			
		Adult Mental Health	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
		Substance Abuse Services	Doug Baker, Substance Abuse Services Section	(919)733-4671 Doug.Baker@ncmail.net	Substance Abuse Services Mail Service Center 3007 Raleigh, NC 27699-3007

PA Contact List, Q2



**Reports on the  
Area Program/County Performance Requirements  
of the  
2001-2002 Performance Agreements**

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

**Fiscal Management 1**

**Performance Requirement:** Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

<p>This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2</p>
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FM1-MaintainRespPractices, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the second quarter FY 2001-2002

Area Program/County	1st Qtr FY 01-02 Report Received	2nd Qtr FY 01-02 Report Received	3rd Qtr FY 01-02 Report Received	4th Qtr FY 01-02 Cash-Basis Report Received	4th Qtr FY 01-02 Accrual- Basis Report Received	Comments
Alamance-Caswell	Yes					
Albemarle	Yes					
Blue Ridge	Yes					
Catawba	Yes					
CenterPoint	Yes					
Crossroads	Yes					
Cumberland	Yes					
Davidson	Yes					
Duplin-Sampson	Yes					
Durham	Yes					
Edgecombe-Nash	Yes					
Foothills	Yes					
Guilford	Yes					
Johnston	Yes					
Lee-Harnett	Yes					
Lenoir	Yes					
Mecklenburg	Yes					
Neuse	Yes					
New River	Yes					
Onslow	Yes					
Orange-Person-Chatham	Yes					
Pathways	Yes					
Piedmont	Yes					
Pitt	Yes					
Randolph	Yes					
RiverStone	Yes					
Roanoke-Chowan	Yes					
Rockingham	Yes					
Rutherford-Polk	Yes					
Sandhills	Yes					
Smoky Mountain	Yes					
Southeastern Center	Yes					
Southeastern Regional	Yes					
Tideland	Yes					
Trend	Yes					
Vance-Granville-Franklin-Warren	Yes					
Wake	Yes					
Wayne	Yes					
Wilson-Greene	Yes					

2nd Quarter Financial  
Monitoring Reports not due  
until after  
January 31, 2002

FM2-Q Fiscal Monitor Reports, Q2

## Fiscal Management 2 - Quarterly Fiscal Monitoring Reports

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of

Explanation: This report lists Area Programs status regarding submission of required Quarterly Fiscal Monitoring Reports through the first Quarter FY 2001-2002

Area Program	1st Qtr FY 01-02 Report Received	2nd Qtr FY 01-02 Report Received	3rd Qtr FY 01-02 Report Received	4th Qtr FY 01-02 Cash-Basis Report Received	091-02 Accrual-Basis Report Received	Comments
Alamance-Caswell						
Albemarle						
Blue Ridge						
Catawba						
Cumberland						
Davidson						
Durham						
Duplin-Sampson						
Edgecombe-Nash						
Foothills						
CenterPoint						
Pathways						
Guilford						
Riverstone						
Johnston						
Lee-Harnett						
Mecklenburg						
Neuse						
New River						
Orange-Person-Chatam						
Onslow						
Piedmont						
Pitt						
Randolph						
Roanoke-Chowan						
Rockingham						
Rutherford-Polk						
Sandhills						
Smoky Mountain						
Southeastern Area						
Southeast Region						
CrossRoads						
Tideland						
Trend						
Tri-alliance						
Vance-Granville-Franklin-Warren						
Wake						
Wayne						
Wilson-Greene						

**1st Quarter Financial  
Monitoring Reports not  
due until after 9/30/01**

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all performance indicators that are tracked in the reports: Cost Finding Report

Explanation: This report lists Area Program status regarding submission of required cost findings for the fiscal year ending June 30, 2001, due November 1, 2001.

Area Program/County	Cost Finding Received By Due Date	Date Cost Finding Received by Regional Accountant	Comments
Alamance-Caswell	Yes	12/18/2001	
Albemarle	Yes	11/16/2001	
Blue Ridge	Yes	11/16/2001	
Catawba	Yes	11/20/2001	
CenterPoint	Yes	11/16/2001	
Crossroads	Yes	11/19/2001	
Cumberland	Yes	12/21/2001	
Davidson	Yes	12/05/2001	
Duplin-Sampson	Yes	11/16/2001	
Durham	Yes	11/20/2001	
Edgecombe-Nash	Yes	11/14/2001	
Foothills	Yes	12/06/2001	
Guilford	Yes	11/16/2001	
Johnston	Yes	11/20/2001	
Lee-Harnett	Yes	11/20/2001	
Lenoir	Yes	12/04/2001	
Mecklenburg	Yes	11/06/2001	
Neuse	Yes	11/16/2001	
New River	Yes	11/16/2001	
Onslow	Yes	11/16/2001	
Orange-Person-Chatham	Yes	11/16/2001	
Pathways	Yes	11/16/2001	
Piedmont	Yes	12/31/2001	
Pitt	Yes	11/16/2001	
Randolph	Yes	11/16/2001	
RiverStone	Yes	11/29/2001	
Roanoke-Chowan	Yes	11/15/2001	
Rockingham	Yes	12/17/2001	
Rutherford-Polk	Yes	12/31/2001	
Sandhills	Yes	11/15/2001	
Smoky Mountain	Yes	11/16/2001	
Southeastern Center	Yes	11/15/2001	
Southeastern Regional	Yes	11/30/2001	
Tideland	Yes	11/15/2001	
Trend	No		
Vance-Granville-Franklin-Warren	Yes	11/16/2001	
Wake	Yes	11/20/2001	
Wayne	Yes	11/30/2001	
Wilson-Greene	Yes	11/16/2001	

FM2-CostFindingReport,Q2

## **Fiscal Management 2 - Volume of Service Reports**

Review of Monthly Volume of Service Reports to ensure submission

**The Division Budget Office is currently working with the  
DHHS Controller's Office to work out reporting protocols  
appropriate to the cumulative nature of Area Program  
Volume of Service Reports**

## **Fiscal Management 2 - Revenue Adjustment Reports**

Review of Monthly Volume of Service Reports to ensure submission

**The Division Budget Office is currently working with the  
DHHS Controller's Office to work out reporting protocols  
appropriate to the cumulative nature of Area Program  
Revenue Adjustment Reports**

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## **Fiscal Management 2**

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Revenue Adjustment Reports**

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Revenue Adjustment Reports

FM2-RevenueAdjustmentReports,Q2



2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit: **W-Code Overall Compliance 2000-2001 Medicaid Audit**

Area Program/County	# Events Provided	# Events Met	% Events Met	# Events Not Met	% Events Not Met	Total Payback Amount Required
Alamance-Caswell	22	13	59.10	9	40.90	578.40
Albemarle	19	19	100.00	0	0.00	0.00
Blue Ridge	5	4	80.00	1	20.00	80.00
Catawba	3	3	100.00	0	0.00	0.00
CenterPoint	9	4	44.40	5	55.60	11,221.00
Crossroads	0	0	0.00	0	0.00	0.00
Cumberland	0	0	0.00	0	0.00	0.00
Davidson	1	1	100.00	0	0.00	0.00
Duplin-Sampson	2	2	100.00	0	0.00	0.00
Durham	3	3	100.00	0	0.00	0.00
Edgecombe-Nash	0	0	0.00	0	0.00	0.00
Foothills	1	1	100.00	0	0.00	0.00
Guilford	4	4	100.00	0	0.00	0.00
Johnston	2	2	100.00	0	0.00	0.00
Lee-Harnett	1	1	100.00	0	0.00	0.00
Lenoir	2	2	100.00	0	0.00	0.00
Mecklenburg	0	0	0.00	0	0.00	0.00
Neuse	20	18	90.00	2	10.00	188.00
New River	3	3	100.00	0	0.00	0.00
Onslow	7	7	100.00	0	0.00	0.00
O-P-C	8	5	62.50	3	37.50	0.00
Pathways	4	3	75.00	1	25.00	63.60
Piedmont	0	0	0.00	0	0.00	0.00
Pitt	2	1	50.00	1	50.00	108.00
Randolph	2	2	100.00	0	0.00	0.00
RiverStone	3	3	100.00	0	0.00	0.00
Roanoke-Chowan	8	8	100.00	0	0.00	0.00
Rockingham	1	1	100.00	0	0.00	0.00
Rutherford-Polk	2	2	100.00	0	0.00	0.00
Sandhills	2	2	100.00	0	0.00	0.00
Smoky Mountain	2	2	100.00	0	0.00	0.00
Southeastern Center	1	1	100.00	0	0.00	0.00
Southeastern Regional	1	1	100.00	0	0.00	0.00
Tideland	2	2	100.00	0	0.00	0.00
Trend	3	3	100.00	0	0.00	0.00
V-G-F-W	2	2	100.00	0	0.00	0.00
Wake	7	7	100.00	0	0.00	0.00
Wayne	2	2	100.00	0	0.00	0.00
Wilson-Greene	1	1	100.00	0	0.00	0.00
Totals/Averages	157	135	85.99%	22	14.01%	\$12,239.00

This table includes only those audited events that the Area Program was the provider of the W-Code service. It does not include audited private W-Code providers that bill direct to Medicaid.

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit: Total Compliance (Y Codes) 2000-2001 Medicaid Audit

Area Program/County	# Events Provided	# Events Met	% Events Met	# Events Not Met	% Events Not Met	Total Payback Amount Required
Alamance-Caswell	50	43	86.00	7	14.00	1,411.30
Albemarle	50	43	86.00	7	14.00	9,965.52
Blue Ridge	50	44	88.00	6	12.00	13,132.24
Catawba	50	43	86.00	7	14.00	367.79
CenterPoint	50	43	86.00	7	14.00	518.29
Crossroads	50	40	80.00	10	20.00	33,398.35
Cumberland	50	47	94.00	3	6.00	1,678.43
Davidson	50	50	100.00	0	0.00	0.00
Duplin-Sampson	50	42	84.00	8	16.00	14,570.83
Durham	50	42	84.00	8	16.00	5,673.93
Edgecombe-Nash	50	50	100.00	0	0.00	0.00
Foothills	50	48	96.00	2	4.00	148.81
Guilford	50	39	78.00	11	22.00	10,484.51
Johnston	50	48	96.00	2	4.00	226.16
Lee-Harnett	50	50	100.00	0	0.00	0.00
Lenoir	50	42	84.00	8	16.00	415.14
Mecklenburg	50	40	80.00	10	20.00	1,021.12
Neuse	50	47	94.00	3	6.00	151.61
New River	50	45	90.00	5	10.00	374.38
Onslow	50	47	94.00	3	6.00	162.21
O-P-C	50	43	86.00	7	14.00	908.47
Pathways	50	43	86.00	7	14.00	59,355.63
Piedmont	50	45	90.00	5	10.00	320.59
Pitt	50	27	54.00	23	46.00	21,718.67
Randolph	50	50	100.00	0	0.00	0.00
RiverStone	50	48	96.00	2	4.00	115.65
Roanoke-Chowan	50	50	100.00	0	0.00	0.00
Rockingham	50	47	94.00	3	6.00	210.93
Rutherford-Polk	50	48	96.00	2	4.00	15,003.69
Sandhills	50	44	88.00	6	12.00	497.37
Smoky Mountain	50	43	86.00	7	14.00	1,647.91
Southeastern Center	50	48	96.00	2	4.00	2,248.86
Southeastern Regional	50	45	90.00	5	10.00	2,575.90
Tideland	50	49	98.00	1	2.00	20.51
Trend	50	48	96.00	2	4.00	328.16
V-G-F-W	50	48	96.00	2	4.00	91.18
Wake	50	45	90.00	5	10.00	6,518.24
Wayne	50	48	96.00	2	4.00	91.80
Wilson-Greene	50	49	98.00	1	2.00	112.60
Totals/Averages	1950	1761	90.31%	189	9.69%	\$ 205,466.78

This table includes only the audited events for Y Code service that the Area Program was the provider and/or was responsible for the billing.

FM2- Y Codes Paybacks, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 – December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Semi-Annual SAPTBG Compliance Report**

AREA PROGRAM	Criterion 1		Criterion 2		Criterion 3		Criterion 4		
	Receipt of Report from Area Program (Date Received)		Timeliness of Receipt of Report (Yes/No)		Completeness of Report (Yes/No)		Compliance with 48 Hour Per Report Period Synar Activity (Yes/No)		
	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Combined
# and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes")	39 100%		37 95%		39 100%		31 79%		
# and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No")	0 0%		2 5%		0 0%		8 21%		
Alamance-Caswell	1/22		Yes		Yes		Yes		
Albemarle	1/18		Yes		Yes		Yes		
Blue Ridge	1/17		Yes		Yes		Yes		
Catawba	1/17		Yes		Yes		Yes		
CenterPoint	1/22		Yes		Yes		No		
Crossroads	1/22		Yes		Yes		Yes		
Cumberland	1/18		Yes		Yes		Yes		
Davidson	1/22		Yes		Yes		Yes		
Duplin-Sampson	1/22		Yes		Yes		Yes		
Durham	1/18		Yes		Yes		Yes		
Edgecombe-Nash	1/18		Yes		Yes		No		
Foothills	1/17		Yes		Yes		No		
Guilford	1/16		Yes		Yes		Yes		
Johnston	1/18		Yes		Yes		Yes		
Lee-Harnett	1/22		Yes		Yes		Yes		
Lenoir	1/18		Yes		Yes		No		
Mecklenburg	1/22		Yes		Yes		Yes		
Neuse	1/18		Yes		Yes		Yes		
New River	1/22		Yes		Yes		Yes		
Onslow	1/28		No		Yes		Yes		
Orange-Person-Chatham	1/18		Yes		Yes		Yes		
Pathways	1/18		Yes		Yes		Yes		
Piedmont	1/20		Yes		Yes		No		
Pitt	1/22		Yes		Yes		Yes		
Randolph	1/22		Yes		Yes		Yes		
RiverStone	1/18		Yes		Yes		Yes		
Roanoke-Chowan	1/18		Yes		Yes		Yes		
Rockingham	1/22		Yes		Yes		Yes		
Rutherford-Polk	1/22		Yes		Yes		Yes		
Sandhills	1/22		Yes		Yes		Yes		
Smoky Mountain	1/24		No		Yes		No		
Southeastern Center	1/16		Yes		Yes		Yes		
Southeastern Regional	1/18		Yes		Yes		Yes		
Tideland	1/18		Yes		Yes		Yes		
Trend	1/19		Yes		Yes		Yes		
V-G-F-W	1/18		Yes		Yes		Yes		
Wake	1/22		Yes		Yes		Yes		
Wayne	1/22		Yes		Yes		No		
Wilson-Greene	1/18		Yes		Yes		No		

## **I. Performance Agreement Requirement under Fiscal Management 2**

The Semi-Annual Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report is to be completed by designated area program staff according to written instructions provided with the report form. Semi-Annual Reports are to be submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SAPTBG Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

## **II. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Semi-Annual SAPTBG Compliance Report**

The SAS Review Summary of Area Program Compliance for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been developed to provide information about area program compliance with designated criteria that have been selected for the Substance Abuse Prevention and Treatment Block Grant Initiative for SFY 01-02. Evaluation of compliance on individual criterion has been determined through comparison of the area program's documentation on the Semi-Annual Report for the report period for each of the following criterion.

### **Criterion 1: Receipt of Report from Area Program**

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch. **Meeting of Criterion** is reflected by the listing of a "Date" that the report was received. **Not Meeting of Criterion** is reflected by the designation of "None". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

### **Criterion 2: Timeliness of Receipt of Report**

The SFY 2001-2002 Semi-Annual SAPTBG Compliance Report Mid-Year Report for the period of July 1, 2001 through December 31, 2001 is due to the Substance Abuse Services Section on January 20, 2002.

The SFY 2001-2002 Semi-Annual SAPTBG Compliance Report Year-End Report for the period from January 1, 2002 through June 30, 2002 is due to the Substance Abuse Services Section on July 20, 2002.

**Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on the due date; or
- Receipt by e-mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 PM on the due date; or
- Receipt by fax to Terrie Qadura at (919) 733-9455 not later than by 5:00 PM on the due date, with verbal confirmation by the program with Terrie Qadura at (919) 733-0696 of actual report receipt.

**Note:** If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediately following business day.

### **Criterion 3: Completeness of Entries of Report**

Completeness of report will be determined on the basis of submission to the SAS State Office with full data and complete service activity for all applicable time periods and report sections. **Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

### **Criterion 4: Compliance with 48-Hour Per Report Period Synar Activity**

**Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

Compliance with Synar Activity for FY 01-02 will be determined as follows:

- For the Mid-Year Report, a minimum of 48 hours of allowable activity must be documented for the 1st six-month reporting period.
- For the Year-End Report, a minimum of 48 hours of allowable activity must be documented for the 2nd six-month reporting period.
- For the Combined Report for the 12-month period, a minimum of 96 hours during the 12-month period must be documented.

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 – December 30, 2001

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs <b>Meeting</b> Criterion	<b>Meeting</b> Criterion Reflected by Date or 'Y'	36	35			30	30			36	35		
		100 %	97 %			83 %	83 %			100 %	97 %		
# and % of Area Programs <b>Not Meeting</b> Criterion	<b>Not Meeting</b> Criterion Reflected by 'None' or 'N'	0	1			6	6			0	1		
		0 %	3 %			17 %	17 %			0 %	3 %		
Alamance-Caswell	MAJORS	10/23	1/28			N	N			Y	Y		
Albemarle	Multi-Purpose GH	10/19	1/22			Y	Y			Y	Y		
Blue Ridge	Juvenile Detention	10/17	1/18			Y	Y			Y	Y		
	Youth Develop. Ctr.	10/17	1/18			Y	Y			Y	Y		
	BRIDGE Program	10/17	1/18			Y	Y			Y	Y		
CenterPoint	Juvenile Detention	10/19	1/18			Y	Y			Y	Y		
	MAJORS	10/19	1/29			Y	N			Y	Y		
Cumberland	Juvenile Detention	10/19	1/17			Y	Y			Y	Y		
	MAJORS	10/19	1/17			Y	Y			Y	Y		
Durham	Juvenile Detention	10/26	1/25			N	N			Y	Y		
	MAJORS	10/01	1/18			Y	Y			Y	Y		
Guilford	Juvenile Detention	10/24	1/17			N	Y			Y	Y		
	MAJORS	10/18	1/17			Y	Y			Y	Y		
Lenoir	Youth Develop. Ctr.	10/18	1/18			Y	Y			Y	Y		
Mecklenburg	Juvenile Detention	10/15	1/22			Y	Y			Y	Y		
Neuse	Multi-Purpose GH	10/18	1/22			Y	Y			Y	Y		
	MAJORS	10/18	1/22			Y	Y			Y	Y		
New River	Juvenile Detention	10/29	1/25			N	N			Y	Y		
Pathways	Juvenile Detention	10/16	1/16			Y	Y			Y	Y		
Piedmont	Youth Develop. Ctr.	10/17	1/10			Y	Y			Y	Y		
	MAJORS	10/20	1/10			Y	Y			Y	Y		
Pitt	Juvenile Detention	10/18	1/22			Y	Y			Y	Y		
	MAJORS	10/18	1/22			Y	Y			Y	Y		
Roanoke-Chowan	Multi-Purpose GH	10/26	1/18			N	Y			Y	Y		
Rockingham	MAJORS	10/15	1/24			Y	N			Y	Y		
Sandhills	Juvenile Detention	10/16	1/22			Y	Y			Y	Y		
	Youth Develop. Ctr.	10/16	1/18			Y	Y			Y	Y		
	MAJORS	10/16	1/22			Y	Y			Y	Y		
Smoky Mountain	Multi-Purpose GH	10/19	1/17			Y	Y			Y	Y		
SE Center	Juvenile Detention	10/18	1/22			Y	Y			Y	Y		
SE Regional	Multi-Purpose GH	10/24	1/10			N	Y			Y	Y		
Tideland	MAJORS	10/18	1/22			Y	Y			Y	Y		
V-G-F-W	Youth Develop. Ctr.	10/18	1/22			Y	Y			Y	Y		
Wake	Juvenile Detention	10/10	1/15			Y	Y			Y	Y		
	MAJORS	10/15	1/17			Y	Y			Y	Y		
Wayne	Multi-Purpose GH	10/19	None			Y	N			Y	N		

**I. Performance Agreement Requirement under Fiscal Management 2**

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

**II. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report**

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 01-02. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

**Criterion 1: Receipt of Report from Area Program**

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch.

**Criterion 2: Timeliness of Receipt of Report**

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2001-2002 Performance for the period of July 1, 2001 through June 30, 2002 are as follows:

<b>Report Quarter:</b> <u>1<sup>st</sup></u>	<b>Report Period:</b> <u>07/01/01 – 9/30/01</u>	<b>Due Date:</b> <u>10/20/01</u>
<b>Report Quarter:</b> <u>2<sup>nd</sup></u>	<b>Report Period:</b> <u>10/01/01 – 12/31/01</u>	<b>Due Date:</b> <u>01/20/02</u>
<b>Report Quarter:</b> <u>3<sup>rd</sup></u>	<b>Report Period:</b> <u>01/01/02 – 03/31/02</u>	<b>Due Date:</b> <u>04/20/02</u>
<b>Report Quarter:</b> <u>4<sup>th</sup></u>	<b>Report Period:</b> <u>04/01/02 – 06/30/02</u>	<b>Due Date:</b> <u>07/20/02</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 733-9455 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

**Note:** If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

**Criterion 3: Completeness of Report**

Completeness of report submission will be determined on the basis of submission to the SAS State Office with full data for all applicable report sections.



2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

**Fiscal Management 2**

**Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports**

	<b>Criterion 1:</b>	<b>Criterion 2:</b>	<b>Criterion 3:</b>	<b>Action:</b>
<b>Area Program/County</b>	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
<b># of Area Programs Fully Meeting Each Criterion (100% Score)</b>	36 or 92%	35 or 90%	34 or 87%	
<b># of Area Programs Not Fully Meeting Each Criterion (&lt; 100% Score)</b>	3 or 8%	4 or 10%	5 or 13 %	
Alamance-Caswell	0%	0%	0%	Required for Criterion 1
Albemarle	100%	100%	100%	
Blue Ridge	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Crossroads	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Duplin-Sampson	100%	100%	50%	
Durham	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Foothills	100%	100%	100%	
Guilford	100%	100%	100%	
Johnston	100%	100%	100%	
Lee-Harnett	100%	0%	100%	
Lenoir	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Neuse	100%	100%	100%	
New River	0%	0%	0%	Required for Criterion 1
Onslow	100%	100%	100%	
Orange-Person-Chatham	100%	100%	100%	
Pathways	100%	100%	100%	
Piedmont	100%	100%	100%	
Pitt	100%	100%	100%	
Randolph	100%	100%	100%	
RiverStone	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	100%	100%	100%	
Rutherford-Polk	50%	50%	0%	Required for Criterion 1
Sandhills	100%	100%	100%	
Smoky Mountain	100%	100%	100%	
Southeastern Area	100%	100%	100%	
Southeastern Regional	100%	100%	100%	
Tideland	100%	100%	100%	
Trend	100%	100%	0%	
Vance-Granville-Franklin-Warren	100%	100%	100%	
Wake	100%	100%	100%	
Wayne	100%	100%	100%	
Wilson-Greene	100%	100%	100%	



2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001  
**Fiscal Management 2**

**Performance Agreement Requirement under Fiscal Management 2**

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program according to written instructions provided with the report form. Quarterly Reports are to be submitted to the SAS Section to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 733-4671.

**SFY 01-02 Report Due Dates for Work First/Substance Abuse Quarterly Reports**

Quarter 1: Report Period: July 1, 2001 - September 30, 2001	Due Date: October 20, 2001
Quarter 2: Report Period: October 1, 2001 - December 31, 2001	Due Date: January 20, 2002
Quarter 3: Report Period: January 1, 2002 - March 31, 2002	Due Date: April 20, 2002
Quarter 4: Report Period: April 1, 2002 - June 30, 2002	Due Date: July 20, 2002

**Performance Agreement: Work First/Substance Abuse Quarterly Report**

The SAS Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

**Criterion 1: Receipt of Report by State Office**

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. Fully meeting criterion is reflected in a score

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the SAS State Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to [Kathy.McNeill@ncmail.net](mailto:Kathy.McNeill@ncmail.net) not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Kathy McNeill at (919) 733-9455 by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-4671 of actual report receipt

**Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

**\*\*\*Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediate following business day.

**Criterion 3: Completeness of Report Submission**

Completeness of report submission will be determined on the basis of submission to the SAS State Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 2nd Quarter Report for all counties to the Substance Abuse Services Section by March 29, 2002. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 733-4671.

**Note Regarding Circumstances for Approval of Report Due Date Extension**

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the Substance Abuse Services Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

**Fiscal Management 2**

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2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## **Fiscal Management 2**

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for regular UCR

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Volume of Service Reports

FM2-VOS RegularUCR,Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## **Fiscal Management 2**

**Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for Comprehensive Treatment Services Program UCR**

Explanation: All volume of service submissions for the Comprehensive Treatment Services Program UCR System for units of service earned during the previous month should be entered electronically into the WMIS system by the cut-off date (the Friday following the first Tuesday of the month) for payment to be received that month. If programs earned all of their budgets and earnings were distributed evenly across the fiscal year, the percent of the budget earned to date would be approximately 50 percent.

**This requirement has been suspended for the second quarter due to implementation of IPRS and other changes being made with the fiscal data tracking process within the Comprehensive Treatment Services Program funded services**

AP Name	AP Code	Total ELPs Due	Number current	Number Late	Percentage Late	RA Months	UCR Bill Months	Total UCR Compliance	Percentage Compliance	Status of Corrective Action-ELP/AOS	Status of Corrective Action-UCR Report
Smoky Mountain	101	10	10	0	0.00%	2	3	5	100.00%		
Blue Ridge	102	3	1	2	66.67%	2	3	5	100.00%	Pending	
New River	103	8	5	3	37.50%	1	1	2	40.00%	Pending	Pending
Trend	104	0	0	0	0.00%	2	3	5	100.00%		
Foothills	105	14	14	0	0.00%	2	2	4	80.00%		
Rutherford-Polk	106	3	3	0	0.00%	0	3	3	60.00%		Pending
Gaston-Lincoln	108	21	19	2	9.52%	2	2	4	80.00%		
Catawba	109	7	2	5	71.43%	0	0	0	0.00%	Pending	Pending
Mecklenburg	110	12	8	4	33.33%	2	2	4	80.00%		
Piedmont	112	19	16	3	15.79%	2	3	5	100.00%	Pending	
Surry-Yadkin	201	4	2	2	50.00%	0	3	3	60.00%	Pending	
Forsyth-Stokes	202	15	15	0	0.00%	1	3	4	80.00%		
Rockingham	203	10	8	2	20.00%	1	3	4	80.00%	Pending	
Guilford	204	17	11	6	35.29%	2	3	5	100.00%	Pending	
Clamance-Caswell	205	8	6	2	25.00%	2	3	5	100.00%	Pending	
O-P-C	206	3	2	1	33.33%	2	3	5	100.00%	Pending	
Durham	207	12	4	8	66.67%	1	3	4	80.00%	Pending	
V-G-F-W	208	13	6	7	53.85%	2	3	5	100.00%	Pending	
Davidson	302	4	1	3	75.00%	0	3	3	60.00%	Pending	
Sandhills	303	19	19	0	0.00%	2	3	5	100.00%		
Southeast Region	304	18	17	1	5.56%	1	3	4	80.00%		
Cumberland	305	1	1	0	0.00%	1	3	4	80.00%		
Lee-Harnett	306	6	6	0	0.00%	1	3	4	80.00%		
Johnston	307	1	0	1	100.00%	0	0	0	0.00%	Pending	Pending
Wake	308	28	21	7	25.00%	2	3	5	100.00%	Pending	
Randolph	310	1	0	1	100.00%	1	3	4	80.00%	Pending	
Southeastern Area	401	11	9	2	18.18%	1	3	4	80.00%	Pending	
Onslow	402	4	3	1	25.00%	0	1	1	20.00%	Pending	Pending
Wayne	403	6	6	0	0.00%	2	2	4	80.00%		
Wilson-Greene	404	4	4	0	0.00%	2	2	4	80.00%		
Edgecombe-Nash	405	7	5	2	28.57%	1	2	3	60.00%	Pending	Pending
Halifax	406	2	2	0	0.00%	2	2	4	80.00%		
Neuse	407	6	1	5	83.33%	2	3	5	100.00%	Pending	

Lenoir	408	2	2	0	0.00%	0	2	2	40.00%		Pending
Pitt	409	4	4	0	0.00%	2	3	5	100.00%		
Roanoke-Chowan	410	8	6	2	25.00%	2	3	5	100.00%	Pending	
Tideland	411	13	12	1	7.69%	2	3	5	100.00%		
Albemarle	412	4	4	0	0.00%	2	3	5	100.00%		
Duplin-Sampson	413	2	0	2	100.00%	2	2	4	80.00%	Pending	
Tri-Alliance	551	10	10	0	0.00%	2	3	5	100.00%		
<b>Totals</b>		<b>340</b>	<b>265</b>	<b>75</b>	<b>22.06%</b>	<b>56</b>	<b>101</b>	<b>157</b>	<b>78.50%</b>		

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001- December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Volume of service reports for UCR MR/MI**

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2001 and June 2002. NOTE: MR/MI revenue adjustment is not factored into the Fiscal Compliance monitoring equation due to Controller's Office cost modeling that established net rates and does not require RA for services provided in SFY 02.

Area Program/County	Revenue Adjustment Months	UCR Bill Months	Total UCR Compliance	% Compliance
Alamance-Caswell	NA	6	6	100.00%
Albemarle	NA	6	6	100.00%
Blue Ridge	NA	6	6	100.00%
Catawba	NA	6	6	100.00%
CenterPoint	NA	6	6	100.00%
Crossroads	NA	5	5	83.33%
Cumberland	NA	6	6	100.00%
Davidson	NA	4	4	66.67%
Duplin-Sampson	NA	6	6	100.00%
Durham	NA	6	6	100.00%
Edgecombe-Nash	NA	4	4	66.67%
Foothills	NA	5	5	83.33%
Guilford	NA	5	5	83.33%
Johnston	NA	4	4	66.67%
Lee-Harnett	NA	5	5	83.33%
Lenoir	NA	3	3	50.00%
Mecklenburg	NA	4	4	66.67%
Neuse	NA	5	5	83.33%
New River	NA	5	5	83.33%
Onslow	NA	3	3	50.00%
O-P-C	NA	5	5	83.33%
Pathways	NA	6	6	100.00%
Piedmont	NA	5	5	83.33%
Pitt	NA	5	5	83.33%
Randolph	NA	4	4	66.67%
RiverStone	NA	4	4	66.67%
Roanoke-Chowan	NA	5	5	83.33%
Rockingham	NA	6	6	100.00%
Rutherford-Polk	NA	5	5	83.33%
Sandhills	NA	6	6	100.00%
Smoky Mountain	NA	6	6	100.00%
SE Center	NA	6	6	100.00%
SE Regional	NA	5	5	83.33%
Tideland	NA	4	4	66.67%
Trend	NA	5	5	83.33%
Tri-Alliance	NA	6	6	100.00%
V-G-F-W	NA	5	5	83.33%
Wake	NA	4	4	66.67%
Wayne	NA	0	0	0.00%
Wilson-Greene	NA	5	5	83.33%
<b>Totals</b>	NA	197	197	
<b>State Average</b>	NA	5.05	5.05	<b>84.19%</b>

Numbers for the second reporting quarter are lower due to snow days which delayed submission of reports .

FM2-VOS MR-MI UCR, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for UCR special categorical Adult and Youth Homeless.

Area Program/County PATH* Site	2nd Quarter Report Submitted	Comments
Blue Ridge (adult)	Yes	
CenterPoint (adult)	Yes	
Cumberland (adult)	Yes	
Cumberland (youth)	Yes	
Durham (adult)	Yes	
Mecklenburg (adult)	No	
Southeastern Center (adult)	Yes	
Wake (adult)	Yes	
Wake (youth)	NA	No longer PATH site

\*PATH (Programs for Assistance in Transition from Homelessness)

FM2- Adult & Youth Homeless UCR, Q2



2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Accountability 1

**Performance Requirement:** Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County from audits, program reviews or quality improvement processes

Area Program/County	Number of Corrective Actions pending as of end of 2nd quarter SFY 01-02*
Alamance-Caswell	4
Albemarle	1
Blue Ridge	1
Catawba	1
CenterPoint	3
Crossroads	5
Cumberland	2
Davidson	1
Duplin-Sampson	2
Durham	3
Edgecombe-Nash	2
Foothills	6
Guilford	5
Johnston	2
Lee-Harnett	2
Lenoir	3
Mecklenburg	7
Neuse	2
New River	9
Onslow	5
Orange-Person-Chatham	3
Pathways	16
Piedmont	3
Pitt	3
Randolph	3
RiverStone	6
Roanoke-Chowan	2
Rockingham	2
Rutherford-Polk	8
Sandhills	3
Smoky Mountain	5
Southeastern Center	3
Southeastern Regional	2
Tideland	3
Trend	2
V-G-F-W	4
Wake	5
Wayne	6
Wilson-Greene	2
<b>Statewide Average</b>	<b>3.77</b>

\*Particulars are provided, by Area Program/County, on the following pages

Accountability1, Q2

**Accountability 1  
Alamance-Caswell**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 or Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 1 FY 2002. No data submission to the CDW for Quarter 2 FY2002. No Corrective Action Plan submitted for
01-02 Performance Agreement 2nd Quarter	Accountability 3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 1 and Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	3/10/02				No data submission to the CDW for Quarter 1 and Quarter 2 for FY2002

01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	3/10/02				No data submission for Quarter 1 and Quarter 2 for FY2002
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**Accountability 1  
Alamance-Caswell**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective Action</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow-up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>
2nd Quarter, 01-02	Required Corrective Action for Criterion 1 is to submit the missing first and second quarter WF/SA Initiative Quarterly Reporting Forms for Alamance and Caswell Counties within 30 days of receipt of this report.	Substance Abuse Services	03/29/2002				Area Program non-compliant.

**Accountability 1  
Albemarle**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).

**Accountability 1**  
**Blue Ridge**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 2nd. Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/2001	September 2001 data submission to the CDW now complete
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				59.4 % of the expected number of initial COI's were submitted as of 12/10/2001

**Accountability 1  
Catawba**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/02				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).

## Accountability 1 CenterPoint

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish Local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01	12/01/01			Completed assessment due to CFS by 3/01/02.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				65.6 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				47.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01



## Accountability 1 Crossroads

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement/ 5/12/00	Accountability 4: No submission of data to the Client data Warehouse (CDW). A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	3/10/02	06/27/2000	* Ongoing		An extension was granted by the Division, giving all Area Programs until October 2, 2000 to submit corrected and complete CDW data. * Area Program did not meet the 10/2/00 deadline.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

## Accountability 1 Crossroads

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				65.7 % of the expected number of initial COI's were submitted as of 12/10/2001

01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				62.1 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
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**Accountability 1  
Cumberland**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01			12/01/01	
01-02 Performance Agreement	Performance Agreement-Attachment 2-Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01			12/01/01	
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				76.8 % of the expected number of initial COI's were submitted as of 12/10/2001

01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				57.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
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**Accountability 1  
Davidson**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				32.8 % of the expected number of initial COI's were submitted as of 12/10/2001

## Accountability 1 Duplin-Sampson

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/2001	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Methadone).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).

## Accountability 1 Durham

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III- C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01			12/31/2001	
01-02 Performance Agreement	Performance Agreement-Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01			12/31/2001	
01-02 Performance Agreement/ Second Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/2001	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).



**Accountability 1  
Durham**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing . A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (EAP Code).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).

**Accountability 1  
Edgecombe-Nash**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				November, December data from Qtr. 2 not submitted to the CDW by 01/15/02

01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				81.3 % of the expected number of initial COI's were submitted as of 12/10/2001
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## Accountability 1 Foothills

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ Second Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/2001	September 2001 data submission to the CDW now complete
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal ).

## Accountability 1

### Foothills

#### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performanc e Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				63.1 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performanc e Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				67.5 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
TANF Work First Initiative/ 4/20/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Burke and McDowell. The required Corrective Action for Criteria 1 is to submit the missing <b>First, Second and Third Quarter 99-00</b> WF/SA Initiative Quarterly Reports.	Substance Abuse	30 days from receipt of End of FY99-00 report	N/A			Reports for Burke and McDowell County have not been received. Area Program non-compliant.
07/20/01	Required Corrective Action for Criteria 1 is to submit the missing <b>First, Second, Third, and Fourth Quarter 00-01</b> WF/SA Initiative Quarterly Reporting Forms for Burke and McDowell Counties within 30 days of receipt of this report.	Substance Abuse Services	09/29/2001				Reports for Burke and McDowell County have not been received. Area Program non-compliant.

1st. Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing <b>First Quarter 01-02</b> WF/SA Initiative Quarterly Reporting Forms for Burke and McDowell counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01			12/31/01	1st. Quarter WF/SA Quarterly Report received on 1/22/02. Area Program is now in compliance.
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**Accountability 1  
Guilford**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow- up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).

01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
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**Accountability 1  
Guilford**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow- up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				21.6 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				22.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 4. By Statute, Death Reports are required to be submitted, complete, within a 90 day timeframe. Require corrective action plan for areas needing corrections with specified timeframes for completion of improvements.	Development al Disabilities	08/15/2001	09/30/01	Upon receipt of next Death Report	10-Oct	
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**Accountability 1  
Lee-Harnett**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1- Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01			12/31/01	
01-02 Performance Agreement	Performance Agreement-Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01			12/31/01	
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the client Data Warehouse Quarter 1. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	12/10/2001			11/01/01	September 2001 data submission to the CDW now complete.

## Accountability 1

### Lee-Harnett

#### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				84.8 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				42.7 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

1st. Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Forms for Harnett and Lee Counties within 30 days of receipt of this report.	Substance Abuse Services					This corrects an erroneous entry in the 1st Quarter 2001-2002. No corrective action is required.
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**Accountability 1  
Lenoir**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/01	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).

01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
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### Accountability 1

### Lenoir

#### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				78.0 % of the expected number of initial COI's were submitted as of 12/10/2001

1St. Quarter, 01-02	Required Corrective Action for Criterion 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Form for Lenoir County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01			12/31/2001	Section XVIII received on Jan. 25, 2002. Area Program is now in compliance.
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**Accountability 1  
Mecklenburg**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	12/10/01; 3/10/02				No data submission for facility code 13101 for Quarter 1.
01-02 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 for Facility Code 13101. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission for facility code 13101for Quarter 2.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, EAP Code).

**Accountability 1  
Mecklenburg**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2 for Facility Code 13101. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/02				No data submission for Quarter 1 and Quarter 2 for FY2002 for Facility Code 13101.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				86.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

Medicaid Audit/ 2/9/99	The Area Program scored below the 70% compliance rate required for an agency to pass the Medicaid Audit. The Division has been working with the Area Program, providing technical assistance.	Program Assurance Branch			03/07/2000		The Area Program continues to have unresolved contract issues.
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## Accountability 1 Neuse

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice ).

## Accountability 1 New River

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (State of Residence, Ability To Pay, EAP Code, Veteran Status).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				68.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

**Accountability 1  
New River**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal).
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 4. By Statute, Death Reports are required to be submitted, complete, within a 90 day timeframe. Require corrective action plan for areas needing corrections with specified timeframes for completion of improvements.	Develop- mental Disabilities	08/15/2001	09/30/01		10/10/02	
TANF Work First Initiative/ 4/20/00	The following counties were non-compliant with Criterion 1-Receipt of Report by State Office: Alleghany, Ashe, Avery, Watauga, and Wilkes. The required Corrective Action for Criterion 1 is to submit the missing <b>Third Quarter 99-00</b> WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Avery, Watauga, and Wilkes County's report was received on 5-11-01. Ashe County's report has not been received. Area Program non-compliant
TANF Work First Initiative/ 7/14/00	The following counties were non-compliant with Criterion 1-Receipt of Report by State Office: Alleghany, Ashe, and Watauga. The required Corrective Action for Criterion 1 is to submit the missing <b>Fourth Quarter 99-00</b> WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Ashe, and Watauga County's report have not been received. Area Program non-compliant.

**Accountability 1  
New River**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
07/20/2001	Required Corrective Action for Criterion 1 is to submit the missing <b>Third and Fourth Quarter 00-01</b> WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	09/29/2001				Reports for Third and Fourth Quarter have not been received. Area Program non-compliant
July, August, September 2001	Required Corrective Action for Criterion 1 is to submit the missing <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/2001				Area Program non-compliant.
2nd Quarter, 01- 02	Required Corrective Action for Criterion 1 is to submit the missing first and second quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga, and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	03/29/2002				Area Program non-compliant.

**Accountability 1  
Onslow**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01			12/31/01	
01-02 Performance Agreement	Performance Agreement-Attachment 2-Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/2001			12/31/01	
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).



01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% ( Service Type, Methadone, UFDS).
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**Accountability 1  
Onslow**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				58.0 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				64.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	08/13/01			Technical Assistance visit to begin in January of 2002.
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**Accountability 1  
Orange-Person-Chatham**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
State Accreditation 6/10/98	As related to standards 2.5 f. and 2.8, the Area Program must develop a Plan of Correction that should address how the "timeliness" problem will be resolved and should include the mechanism that will be used to document timeliness, steps to be taken (and by whom) to address this longstanding problem, and target dates for its resolution.	Advocacy, Client Rights, and Quality Improvement Section	09/13/1998	11/13/1998	12/31/99, 3/22/00, 6/29/00 1/15/01, 3/8/01, 6/15/01, 9/15/01, 12/15/01	Not applicable	The timeliness tracking system at UNC Hospital continues to be unreliable and their data incomplete. OPC's attempts to improve the reliability of the timeliness tracking data collection system at UNC have not proven successful. The Division Executive Management Team has decided to address this issue through other mechanisms, including its review of business plans submitted by area programs for system reform. This corrective action is thereby waived.
01-02 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 2 FY2002.

**Accountability 1**  
**Orange-Person-Chatham**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 2 for FY2002
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW in Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission for Quarter 2 for FY2002

## Accountability 1 Pathways

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				44.0 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				78.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

## Accountability 1 Pathways

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Investigation Report Dated 3/16/01 Allegation #3	Board attorney will review policy and recommend revisions as appropriate. Review policy with Area Board and staff	Program Accountability	5/15/2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Review policy with Area Board and staff	Program Accountability	5/24/2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Will re-educate contract providers regarding policy and conflict resolution procedures through the Provider Handbook and through meetings with Providers held at Pathways.	Program Accountability	6/01/2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
Investigation Report Dated 3/16/01 Allegation #12	Fee policy/procedure is being re-written. (Will submit revised policy to the Division upon Board approval.)	Program Accountability	To Board 6/28/2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Training for staff in order to achieve consistency re: updated P&P through e-mail to all staff with new P&P with instructions and explanation. New P&P will be reviewed in staff meetings and staff training sessions will be held 6-1 at the Citizens Resource center in Dallas, NC	Program Accountability	Staff training June, 2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Updated policy/procedure will be implemented in July, 2001	Program Accountability	Implement-ation July, 2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Fee statement update will be in Consumer Handbook. (Pathways will forward a revised copy of handbook to the Division upon completion.)	Program Accountability	July, 2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2

## Accountability 1 Pathways

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Investigation Report Dated 3/16/01 Allegation #22	Review current monitoring processes to assure that treatment needs are met as outlined in treatment plan. Any repayment request is being contested. Monitoring processes in place include: Peer Review / Supervisory Review / Medicaid Audit / Focused Audit / Internal Audit	Program Accountability	6/06/2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
Investigation Report Dated 3/16/01 Allegation #24	Educate and encourage clients to utilize self-advocacy to provide feedback.	Program Accountability	July, 2001	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
Investigation Report Dated 3/16/01 Issue #1	Prior to the Division investigation, Pathways began working on the issues related to "time of service." This issue is being addressed through procedure review, service delivery re-design and systems reviews.	Program Accountability	Ongoing	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
Investigation Report Dated 3/16/01 Issue #1 (continued)	The area program has requested an assessment from RG Architecture relating to ADA requirements. The building occupied by Piedmont Pioneer House is State owned and leased by Gaston County for a minimal fee annually. The report by RG Architecture will be shared with the county as to how to respond to the recommendations forthcoming. (1. Accessible van was requisitioned on 11/28/2000. See Attachment B)	Program Accountability	Ongoing	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Sign has been removed from GCC. Pathways will continue to review all public information for accuracy.	Program Accountability	Ongoing	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2
	Systems reviews are in place on multiple levels to assure compliance.	Program Accountability	Ongoing	06/06/01			Documentation required to remove Corrective Action had not been received prior to deadline for Quarter 2



## Accountability 1 Piedmont

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse for Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				November, December data from Qtr. 2 not submitted to the CDW by 01/15/02.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for November, December of Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission for Quarter 2 (November, December) for FY2002 to the CDW.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).

**Accountability 1  
Piedmont**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
1st Quarter, 01-02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the first quarter WF/SA Initiative Quarterly Reporting Form for Cabarrus, Rowan, Stanly, and Union Counties within 30 days of receipt of this report	Substance Abuse Services	12/29/2001			12/19/2001	Section XVIII received on Dec. 19, 2001. Area program is now in compliance.

## Accountability 1 Pitt

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				48.9 % of the expected number of initial COI's were submitted as of 12/10/2001
1st Quarter, 01-02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the first quarter WF/SA Initiative Quarterly Reporting Form for Pitt County within 30 days of receipt of this report	Substance Abuse Services	12/29/2001				Area Program non-compliant

## Accountability 1 Randolph

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 2nd. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 or Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	12/10/01; 3/10/02	12/06/2001			No data submission to the CDW for Quarter 1 FY 2002. No data submission to the CDW for Quarter 2 FY2002. Corrective Action Plan submitted for Quarter 1 not executed.
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 1 and Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 1 and Quarter 2 for FY2002
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission for Quarter 1 and Quarter 2 for FY2002

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	12/10/01; 3/10/02				No data submission for August, September, 2001
01-02 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 2 FY2002
01-02 Performance Agreement 2nd Quarter	Accountability 3: Other accountability measures for the CDW cannot be calculated because no data has been submitted for Quarter 1 and Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 1(August, September) and Quarter 2 for FY2002

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				No data submission to the CDW for Quarter 1(August, September) and Quarter 2 for FY2002
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				70.8 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01	08/13/01	11/17/01 Verification Report submitted		Verification Report documented that staff reviewed for meeting competencies fell in the inadequate range. Section is awaiting update on staff reflecting an adequate range of achievement of competencies.

## Accountability 1 Roanoke-Chowan

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement/ 5/12/99	Accountability 4: No data submitted to the Client Data Warehouse. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	6/1/00; 3/10/02	06/27/2000	* Ongoing		An extension was granted by the Division, giving all Area Programs until October 2, 2000 to submit corrected and complete CDW data. * Area Program did not meet the 10/2/00 deadline.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				79.7 % of the expected number of initial COI's were submitted as of 12/10/2001

**Accountability 1  
Rockingham**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01	12/01/02			Completed assessment due to CFS by 3/01/02.
01-02 Performance Agreement	Performance Agreement-Attachment 2-Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01			12/31/01	
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				80.6 % of the expected number of initial COI's were submitted as of 12/10/2001



## Accountability 1 Rutherford-Polk

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	01/15/2001		01/15/2001, 3/15/2001, 6/18/2001, 9/18/2001, 12/14/2001		The Rutherford-Polk Area Program must submit at least five good quality crisis plans.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).

01-02 Performance Agreement 2nd Quarter	<p>Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.</p>	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
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## Accountability 1 Rutherford-Polk

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				62.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				54.5 % of the expected number of initial COI's were submitted as of 12/10/2001
TANF Work First Initiative 7/20/2001	The following county was non-compliant with Criteria 1 – Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing <b>Fourth Quarter 00-01</b> WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of this report				Polk County's report has not been received. Area program non-compliant for Fourth Quarter 00-01
2nd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first and second quarter WF/SA Initiative Quarterly Reporting Forms for Polk County within 30 days of receipt of this report.	Substance Abuse Services	03/29/2002				Area Program non-compliant.

## Accountability 1 Sandhills

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01			12/31/01	
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal ).

## Accountability 1 Sandhills

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				27.4 % of the expected number of initial COI's were submitted as of 12/10/2001

## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Competency, EAP Code).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

**Accountability 1  
Smoky Mountain**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				31.4 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				87.1 % of the expected number of initial COI's were submitted as of 12/10/2001

# Accountability 1 Southeastern Center

## Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				63.8 % of the expected number of initial COI's were submitted as of 12/10/2001



**Accountability 1**  
**Southeastern Regional**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/02	September 2001 data submission to the CDW now complete
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				21.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

## Accountability 1 Tideland

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	01/15/2001	12/31/2001	01/15/2001, 3/15/2001, 6/18/2001, 9/18/2001, 12/14/2001, 12/31/2001	12/31/2001	The Tideland Area Program has submitted a sufficient number of good quality crisis plans, and has complied with this corrective action requirement.
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1.	Data Operations Branch	12/10/2001			11/01/02	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).

## Accountability 1 Tideland

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				75.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				29.2 % of the expected number of initial COI's were submitted as of 12/10/2001
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 4. By Statute, Death Reports are required to be submitted, complete, within a 90 day timeframe. Require corrective action plan for areas needing corrections with specified timeframes for completion of improvements.	Development al Disabilities	No Plan of Correction Required if Death Certificate Submitted prior to 8/15/01	Death Certificate submitted prior to 8/15/01	Death report late for first quarter of 2001-2002. Will continue to follow- up	10/01/01	

## Accountability 1 Trend

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				75.0 % of the expected number of initial COI's were submitted as of 12/10/2001
1st. Quarter, 01 02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Form for Henderson and Transylvania Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				Area Program non-compliant

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency, Education).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				15.7 % of the expected number of initial COI's were submitted as of 12/10/2001

## Accountability 1 Wake

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01			12/31/01	
01-02 Performance Agreement 2nd Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002 for Qtr. 2				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

## Accountability 1 Wake

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002 for Qtr. 2				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002 for Qtr. 2				78.4 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002 for Qtr. 2				0.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
1st Quarter, 01-02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the first quarter WF/SA Initiative Quarterly Reporting Form for Wake County within 30 days of receipt of this report	Substance Abuse Services	12/29/2001			12/19/2001	Section XVIII received on Dec. 19, 2001. Area Program is now in compliance.



## Accountability 1 Wayne

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, Court Order Type).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).

## Accountability 1

### Wayne

#### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				58.6 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				55.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
00-01 Performance Agreement 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified time frames for completion of improvements (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	No POC received by 8/15/01. No supporting documentation received by 9/30/01			The Service manager will provide further technical assistance until the issues are resolved.

**Accountability 1  
Wilson-Greene**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client data Warehouse.	Data Operations Branch	12/10/2001			11/01/2002	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 2. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Substance Abuse Data Exceeds 10% (Methadone).

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Accountability 2

### Performance Requirement (COA)

Area Program/County	COA Accredited	Expiration Date*	2001 MOA** Report Filed	Remarks
Alamance-Caswell	Yes	07/31/2004	Yes	
Albemarle	Yes	01/31/2005	Yes	
Blue Ridge	Yes	05/31/2005	Yes	
Catawba	Yes	09/30/2005	Yes	
CenterPoint	Yes	04/30/2005	Yes	
Crossroads	Yes	05/31/2005	NA	
Cumberland	Yes	07/31/2003	Yes	
Davidson	Yes	07/31/2005	Yes	
Duplin-Sampson	Yes	02/29/2004	Yes	
Durham	Yes	07/31/2005	NA	
Edgecombe-Nash	Yes	11/30/2005	NA	
Foothills	No		NA	Accreditation decision deferred July 2001; follow-up site visit/review April 2002
Guilford	Yes	07/31/2004	Yes	
Johnston	Yes	07/31/2003	Yes	
Lee-Harnett	Yes	10/31/2004	Yes	
Lenoir	Yes	01/31/2005	Yes	
Mecklenburg	NA		NA	Exempted from COA review
Neuse	Yes	11/30/2004	Yes	
New River	Yes	06/30/2005	Yes	
Onslow	Yes	02/28/2005	Yes	
Orange-Person-Chatham	Yes	12/31/2004	Yes	
Pathways	Yes	06/30/2005	NA	
Piedmont	Yes	07/31/2005	Yes	
Pitt	No		NA	Accreditation decision deferred July 2001; follow-up site visit/review May 2002
Randolph	Yes	06/30/2004	Yes	
RiverStone	Yes	11/30/2005	NA	
Roanoke-Chowan	Yes	02/28/2005	Yes	
Rockingham	Yes	04/30/2005	NA	
Rutherford-Polk	Yes	10/31/2004	Yes	
Sandhills	Yes	01/31/2005	Yes	
Smoky Mountain	Yes	11/30/2003	Yes	
Southeastern Center	Yes	02/28/2005	Yes	
Southeastern Regional	Yes	06/30/2005	NA	
Tideland	Yes	05/31/2005	NA	
Trend	Yes	08/31/2005	NA	
Vance-Granville-Franklin-Warren	Yes	12/31/2005	NA	
Wake	Yes	07/31/2005	NA	Corrective action required by 2/16/02
Wayne	Yes	01/31/2005	Yes	
Wilson-Greene	Yes	12/31/2004	Yes	

\* Change in COA accreditation cycle from 3 to 4 years approved by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services September 17, 2001

\*\* Maintenance of Accreditation

Accountability2-COA accreditation,

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)**

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of January 22, 2002

Area Program/County	Facility Code	OCT	NOV	DEC	Second Quarter Adm 02	Second Quarter Adm 01	Monthly Average 02	Monthly Average 01
Alamance-Caswell	23051				0	476	0	159
Albemarle	43121	180	133	101	414	497	138	166
Blue Ridge	13021	330	299	270	899	829	300	276
Catawba	13091	239	212	155	606	557	202	186
CenterPoint	23021	385	321	256	962	897	321	299
Crossroads	23011	156	111	75	342	292	114	97
	23012	48	37	27	112	137	37	46
	23013	33	26	20	79	96	26	32
	23014	127	125	91	343	329	114	110
Cumberland	33051	252	182	196	630	714	210	238
Davidson	33021	196	186	135	517	443	172	148
Duplin-Sampson	43131	127	107	93	327	328	109	109
Durham	23071	98	69	44	211	550	70	183
Edgecombe-Nash	43051	120			120	518	40	173
Foothills	13051	148	86	41	275	546	92	182
Guilford	23041	522	372	328	1,222	1187	407	396
Johnston	33071	113	90	70	273	332	91	111
Lee-Harnett	33061	105	110	92	307	367	102	122
Lenior	43081	49	68	35	152	173	51	58
Mecklenburg								
Carolina Medic	13101				0	933	0	311
Child Dev. Disabilities	13102	60	1	2	63	1201	21	400
Neuse	43071	186	105		291	384	97	128
New River	13030	167	95	82	344	506	115	169
Onslow	43021	62	14	5	81	272	27	91
Orange-Person-Chatham	23061				0	404	0	135
Pathways	13081	463	410	272	1,145	803	382	268
Piedmont	13121	20			20	248	7	83
Pitt	43091	143	137	113	393	437	131	146
Randolph	33101				0	385	0	128
RiverStone	43061				0	230	0	77
Roanoke-Chowan	43101	124	81	64	269	259	90	86
Rockingham	23031	123	486	66	675	624	225	208
Rutherford-Polk	13061	122	78	35	235	192	78	64
Sandhills	33031	224	176	80	480	606	160	202
SE Center	43011	236	173		409	559	136	186
SE Regional	33041	196	138	85	419	588	140	196
Smoky Mountain	13010	291	240	211	742	729	247	243
Tideland	43111	148	121	122	391	449	130	150
Trend	13041	135	82	49	266	302	89	101
V-G-F-W	23081	120	59	52	231	403	77	134
Wake	33081	213	26		239	732	80	244
Wayne	43031	175	105	19	299	334	100	111
Wilson-Greene	43041	94	44		138	492	46	164

<b>TOTAL ADMISSIONS</b>		<b>6,530</b>	<b>5,105</b>	<b>3,286</b>	<b>14,921</b>	<b>21,340</b>	<b>4,974</b>	<b>7,113</b>
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2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 (July-September 2001) with missing required fields.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	N/A*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	1%	0%	0%	0%	0%	0%	0%	2%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	23%	0%	0%	1%	0%	0%	0%
Durham	207	0%	0%	0%	0%	34%	0%	0%	1%
Edgecombe-Nash	405	0%	5%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	32%	0%	0%	1%	0%	0%	0%
Guilford	204	2%	80%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%	0%
Lenior	408	0%	17%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	49%	2%	0%	100%	0%	1%	1%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	45%	48%	0%	0%	99%	0%	0%	16%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	7%	1%	2%	0%	1%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Randolph	310	N/A*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RiverStone	406	0%	100%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	27%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	1%	0%	13%	0%	26%	2%	2%	0%
Tideland	411	0%	0%	0%	0%	0%	0%	0%	0%
Trend	104	0%	9%	10%	0%	0%	1%	0%	0%
V-G-F-W	208	0%	19%	11%	1%	0%	16%	0%	0%
Wake	308	0%	7%	3%	5%	0%	1%	0%	2%
Wayne	403	0%	17%	0%	22%	0%	0%	0%	0%
Wilson-Greene	404	0%	2%	0%	6%	0%	0%	0%	0%

\* N/A -no data submitted to CDW in Q1

Accountability3-CDW-10%, Q2

**CLIENT DATA WAREHOUSE(CDW)**  
**AREA PROGRAM ADMISSIONS**  
**July 1, 2000 - June 30, 2001**

Performance Requirement: Submit client data reports on time for all clients as specified---CDW.

Explanation: The following table shows admission data submitted by Area Programs to the (C September 28, 2001 at 0629

Name of the Area Program	Facility Code	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	FY 01 ADM.	FY 00 ADM.	AVG. 01	AVG. 00
Alamance-Caswell	23051	66	147	140	209	143	124	97	154	175	188	155	131	1,729	1,516	144	126
Albemarle	43121	138	165	168	180	170	147	182	167	187	181	179	186	2,050	1,925	171	160
Blue Ridge	13021	295	332	278	311	269	249	328	282	311	285	302	255	3,497	3,697	291	308
Catawba	13091	172	239	182	218	199	140	216	177	206	179	183	188	2,299	2,534	192	211
Centerpoint	23021	293	336	290	346	331	220	400	355	363	332	339	328	3,933	3,957	328	330
Crossroads	23011	93	112	106	121	91	80	129	113	128	122	89	83	1,267	1,224	106	102
	23012	31	42	58	49	47	41	50	45	66	43	41	42	555	522	46	44
	23013	42	41	33	41	27	28	51	38	33	45	61	41	481	388	40	32
	23014	112	123	122	131	111	87	110	97	154	95	120	112	1,374	1,440	115	120
Cumberland	33051	199	307	282	249	241	224	291	281	299	270	320	276	3,239	3,183	270	265
Davidson	33021	148	183	198	189	139	115	212	171	195	188	175	181	2,094	2,059	175	172
Duplin Sampson	43131	102	114	23	120	110	98	98	131	150	130	193	149	1,418	1,266	118	106
Durham	23071	162	200	190	222	187	141	199	162	145	116	117	103	1,944	2,218	162	185
Edgecombe-Nash	43051	203	214	177	201	175	142	192	166	234	189	190	190	2,273	1,799	189	150
Foothills	13051	152	161	151	216	181	149	205	163	176	167	131	120	1,972	1,771	164	148
Guilford	23041	451	448	486	457	410	320	408	397	459	403	423	508	5,170	4,810	431	401
Johnston	33071	89	119	128	113	122	97	124	101	110	108	102	109	1,322	1,238	110	103
Lee-Harnett	33061	132	128	120	139	127	101	151	116	161	130	122	127	1,554	1,434	130	120
Lenior	43081	83	92	70	85	46	42	60	39	70	35	61	35	718	1,041	60	87
Mecklenburg														0		0	0
Carolina Medic	13101	299	340	305	339	331	263	359	309	329	289	255	128	3,546		296	0
Child Dev. Disabilities	13102	421	489	466	509	480	212	287	262	55	50	49	56	3,336	4,365	278	364
Neuse	43071	142	133	114	146	113	125	171	121	141	108	145	116	1,575	1,683	131	140
New River	13030	150	156	147	212	192	102	168	167	171	168	179	151	1,963	2,022	164	169
Onslow	43021	134	128	87	80	72	120	132	120	132	151	144	154	1,454	1,267	121	106
O-P-C	23061	128	155	165	144	147	113	153	131	169	145	138	107	1,695	1,792	141	149
Pathways	13081	292	54	314	329	264	210	364	323	421	336	354	341	3,602	3,779	300	315
Piedmont	13121	135	98	84	100	85	63	80	39	46	46	72	46	894	3,031	75	253
Pitt	43091	143	171	162	176	151	110	188	164	184	155	163	141	1,908	1,497	159	125
Randolph	33101	136	153	141	156	120	109	188	126	169	156	125	123	1,702	1,611	142	134
River Stone	43061	62	91	78	88	76	66	90	102	100	60	75	68	956	857	80	71
Roanoke Chowan	43101	107	105	92	105	91	63	102	108	109	110	96	99	1,187	1,124	99	94
Rockingham	23031	112	164	383	445	108	71	90	102	96	99	165	136	1,971	2,041	164	170
Rutherford-Polk	13061	79	112	74	71	74	47	76	89	78	97	100	79	976	1,022	81	85
Sandhills	33031	127	232	199	241	221	144	198	199	225	208	176	265	2,435	2,653	203	221



**CLIENT DATA WAREHOUSE(CDW)**  
**AREA PROGRAM ADMISSIONS**  
**July 1, 2000 - June 30, 2001**

SE Center	43011	211	241	223	213	181	165	225	258	283	192	239	158	2,589	2,479	216	207
<b>Name of the Area Program</b>	<b>Facility Code</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MARCH</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>FY 01 ADM.</b>	<b>FY 00 ADM.</b>	<b>AVG. 01</b>	<b>AVG. 00</b>
SE Regional	33041	260	255	205	229	203	156	183	141	167	155	147	128	2,229	1,927	186	161
Smoky Mountain	13010	241	301	237	279	256	194	254	239	294	249	273	250	3,067	3,021	256	252
Tideland	43111	83	97	111	187	155	107	186	163	163	158	156	129	1,695	1,942	141	162
Trend	13041	91	116	117	119	109	74	119	112	118	89	121	107	1,292	1,423	108	119
V-G-F-W	23081	99	143	135	136	146	121	192	194	200	137	190	178	1,871	1,372	156	114
Wake	33081	282	304	309	286	242	204	285	236	267	287	249	307	3,258	4,796	272	400
Wayne	43031	55	110	92	125	120	89	142	148	139	103	147	143	1,413	1,497	118	125
Wilson-Greene	43041	96	76	81	229	149	114	82	91	111	108	84	82	1,303	1,484	109	124
<b>TOTAL ADMISSIONS</b>		<b>6,848</b>	<b>7,727</b>	<b>7,523</b>	<b>8,541</b>	<b>7,212</b>	<b>5,587</b>	<b>7,817</b>	<b>7,099</b>	<b>7,789</b>	<b>6,862</b>	<b>7,145</b>	<b>6,656</b>	<b>86,806</b>	<b>86,707</b>	<b>7,234</b>	<b>7,226</b>

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Unknown Values in Mandatory Fields in the CDW- Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with unknown values in mandatory data fields.

**Percentage Unknown Quarter 1 (Jul-Sep 2001)**

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205					
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%
CenterPoint	202	0%	1%	0%	0%	1%
Crossroads	201	0%	1%	1%	0%	1%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	1%	0%	0%
Durham	207	0%	5%	5%	1%	6%
Edgecombe-Nash	405	0%	1%	0%	0%	0%
Foothills	105	0%	0%	4%	0%	1%
Guilford	204	0%	1%	17%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	1%	1%	0%	1%
Lenior	408	0%	1%	1%	0%	5%
Mecklenburg	110	0%	0%	5%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	1%	13%	0%	2%
Onslow	402	0%	1%	0%	0%	1%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	5%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Pitt	409	0%	0%	0%	0%	1%
Randolph	310					
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	1%	0%	0%
Rutherford-Polk	106	0%	4%	30%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	3%	0%	6%	0%	1%
SE Regional	304	0%	2%	9%	0%	0%
Smoky Mountain	101	0%	0%	36%	0%	0%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	0%	0%	0%	0%
V-G-F-W	208	0%	5%	2%	0%	0%
Wake	308	0%	3%	8%	0%	0%
Wayne	403	0%	0%	2%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

Accountability3-CDW

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 (July-September 2001) with missing required fields.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	N/A*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	1%	0%	0%	0%	0%	0%	0%	2%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	23%	0%	0%	1%	0%	0%	0%
Durham	207	0%	0%	0%	0%	34%	0%	0%	1%
Edgecombe-Nash	405	0%	5%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	32%	0%	0%	1%	0%	0%	0%
Guilford	204	2%	80%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%	0%
Lenior	408	0%	17%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	49%	2%	0%	100%	0%	1%	1%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	45%	48%	0%	0%	99%	0%	0%	16%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	7%	1%	2%	0%	1%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Randolph	310	N/A*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RiverStone	406	0%	100%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	27%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	1%	0%	13%	0%	26%	2%	2%	0%
Tideland	411	0%	0%	0%	0%	0%	0%	0%	0%
Trend	104	0%	9%	10%	0%	0%	1%	0%	0%
V-G-F-W	208	0%	19%	11%	1%	0%	16%	0%	0%
Wake	308	0%	7%	3%	5%	0%	1%	0%	2%
Wayne	403	0%	17%	0%	22%	0%	0%	0%	0%
Wilson-Greene	404	0%	2%	0%	6%	0%	0%	0%	0%

\* N/A -no data submitted to CDW in Q1

Accountability3-CDW-10%, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Missing Principal or Primary Diagnosis in the CDW- Not To Exceed**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with a missing principal or primary diagnosis.

**Percentage of Missing Diagnoses Quarter 1 (Jul - Sept 2001)**

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205		
Albemarle	412	3%	2%
Blue Ridge	102	0%	1%
Catawba	109	4%	7%
CenterPoint	202	6%	6%
Crossroads	201	17%	100%
Cumberland	305	7%	8%
Davidson	302	1%	1%
Duplin-Sampson	413	6%	6%
Durham	207	28%	27%
Edgecombe-Nash	405	4%	1%
Foothills	105	11%	7%
Guilford	204	9%	8%
Johnston	307	0%	0%
Lee-Harnett	306	10%	9%
Lenior	408	6%	5%
Mecklenburg	110	33%	36%
Neuse	407	0%	1%
New River	103	99%	10%
Onslow	402	37%	43%
Orange-Person-Chatham	206	98%	98%
Pathways	108	17%	17%
Piedmont	112	20%	12%

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Pitt	409	26%	29%
Randolph	310		
RiverStone	406	2%	2%
Roanoke-Chowan	410	1%	1%
Rockingham	203	1%	2%
Rutherford-Polk	106	34%	34%
Sandhills	303	14%	10%
SE Center	401	3%	4%
SE Regional	304	16%	27%
Smoky Mountain	101	9%	9%
Tideland	411	5%	3%
Trend	104	6%	7%
V-G-F-W	208	98%	98%
Wake	308	78%	77%
Wayne	403	11%	11%
Wilson-Greene	404	5%	4%

Accountability3-CDW

**| 10%**





2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205				
Albemarle	412	4%	76%	100%	76%
Blue Ridge	102	0%	0%	0%	0%
Catawba	109	10%	32%	32%	32%
CenterPoint	202	0%	0%	0%	0%
Crossroads	201	100%	100%	100%	100%
Cumberland	305	4%	3%	3%	3%
Davidson	302	0%	0%	0%	0%
Duplin-Sampson	413	8%	1%	72%	1%
Durham	207	87%	100%	100%	100%
Edgecombe-Nash	405	1%	2%	2%	2%
Foothills	105	18%	36%	100%	36%
Guilford	204	22%	14%	24%	14%
Johnston	307	9%	9%	9%	9%
Lee-Harnett	306	8%	6%	6%	6%
Lenior	408	16%	18%	46%	18%
Mecklenburg	110	22%	24%	24%	31%
Neuse	407	51%	1%	1%	1%
New River	103	8%	7%	7%	7%
Onslow	402	5%	43%	43%	43%
Orange-Person-Chatham	206	0%	0%	0%	0%
Pathways	108	4%	4%	4%	4%
Piedmont	112	1%	5%	5%	5%

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Pitt	409	4%	0%	0%	0%
Randolph	310				
RiverStone	406	10%	100%	100%	100%
Roanoke-Chowan	410	10%	1%	1%	1%
Rockingham	203	0%	4%	4%	4%
Rutherford-Polk	106	52%	48%	48%	48%
Sandhills	303	3%	14%	16%	14%
SE Center	401	2%	18%	18%	18%
SE Regional	304	5%	7%	7%	7%
Smoky Mountain	101	14%	8%	8%	8%
Tideland	411	2%	100%	100%	100%
Trend	104	3%	3%	3%	3%
V-G-F-W	208	50%	0%	0%	0%
Wake	308	21%	6%	6%	6%
Wayne	403	3%	76%	89%	76%
Wilson-Greene	404	9%	7%	21%	7%

Accountability3-CDW





2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete data reports for all clients as specified in the Client Data Warehouse (CDW) - Missing Principal or Primary Diagnosis - Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 (July-September 2001) with a missing principal or primary diagnosis.

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	N/A*	N/A*
Albemarle	412	3%	2%
Blue Ridge	102	0%	1%
Catawba	109	4%	7%
CenterPoint	202	6%	6%
Crossroads	201	17%	100%
Cumberland	305	7%	8%
Davidson	302	1%	1%
Duplin-Sampson	413	6%	6%
Durham	207	28%	27%
Edgecombe-Nash	405	4%	1%
Foothills	105	11%	7%
Guilford	204	9%	8%
Johnston	307	0%	0%
Lee-Harnett	306	10%	9%
Lenior	408	6%	5%
Mecklenburg	110	33%	36%
Neuse	407	0%	1%
New River	103	99%	10%
Onslow	402	37%	43%
Orange-Person-Chatham	206	98%	98%
Pathways	108	17%	17%
Piedmont	112	20%	12%
Pitt	409	26%	29%
Randolph	310	N/A*	N/A*

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
RiverStone	406	2%	2%
Roanoke-Chowan	410	1%	1%
Rockingham	203	1%	2%
Rutherford-Polk	106	34%	34%
Sandhills	303	14%	10%
SE Center	401	3%	4%
SE Regional	304	16%	27%
Smoky Mountain	101	9%	9%
Tideland	411	5%	3%
Trend	104	6%	7%
V-G-F-W	208	98%	98%
Wake	308	78%	77%
Wayne	403	11%	11%
Wilson-Greene	404	5%	4%

\*N/A - no data submitted to CDW in Q1

Accountability 3-CDW - Missing Diagnoses, Q2

1:





2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete data reports for all clients as specified: Client Data Warehouse (CDW)**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 (July-September 2001) with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	N/A*	N/A*	N/A*	N/A*
Albemarle	412	4%	76%	100%	76%
Blue Ridge	102	0%	0%	0%	0%
Catawba	109	10%	32%	32%	32%
CenterPoint	202	0%	0%	0%	0%
Crossroads	201	100%	100%	100%	100%
Cumberland	305	4%	3%	3%	3%
Davidson	302	0%	0%	0%	0%
Duplin-Sampson	413	8%	1%	72%	1%
Durham	207	87%	100%	100%	100%
Edgecombe-Nash	405	1%	2%	2%	2%
Foothills	105	18%	36%	100%	36%
Guilford	204	22%	14%	24%	14%
Johnston	307	9%	9%	9%	9%
Lee-Harnett	306	8%	6%	6%	6%
Lenior	408	16%	18%	46%	18%
Mecklenburg	110	22%	24%	24%	31%
Neuse	407	51%	1%	1%	1%
New River	103	8%	7%	7%	7%
Onslow	402	5%	43%	43%	43%
Orange-Person-Chatham	206	0%	0%	0%	0%
Pathways	108	4%	4%	4%	4%
Piedmont	112	1%	5%	5%	5%
Pitt	409	4%	0%	0%	0%
Randolph	310	N/A*	N/A*	N/A*	N/A*
RiverStone	406	10%	100%	100%	100%

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Roanoke-Chowan	410	10%	1%	1%	1%
Rockingham	203	0%	4%	4%	4%
Rutherford-Polk	106	52%	48%	48%	48%
Sandhills	303	3%	14%	16%	14%
SE Center	401	2%	18%	18%	18%
SE Regional	304	5%	7%	7%	7%
Smoky Mountain	101	14%	8%	8%	8%
Tideland	411	2%	100%	100%	100%
Trend	104	3%	3%	3%	3%
V-G-F-W	208	50%	0%	0%	0%
Wake	308	21%	6%	6%	6%
Wayne	403	3%	76%	89%	76%
Wilson-Greene	404	9%	7%	21%	7%

\*N/A - no data submitted to CDW in Q1

Accountability 3-CDW - Missing SA Data, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement**

**specified: Client Data Warehouse (CDW) - Unknown Values in Mandatory Fields -  
Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 (July-September 2001) with unknown values in mandatory data fields.

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	N/A*	N/A*	N/A*	N/A*	N/A*
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%
CenterPoint	202	0%	1%	0%	0%	1%
Crossroads	201	0%	1%	1%	0%	1%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	1%	0%	0%
Durham	207	0%	5%	5%	1%	6%
Edgecombe-Nash	405	0%	1%	0%	0%	0%
Foothills	105	0%	0%	4%	0%	1%
Guilford	204	0%	1%	17%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	1%	1%	0%	1%
Lenior	408	0%	1%	1%	0%	5%
Mecklenburg	110	0%	0%	5%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	1%	13%	0%	2%
Onslow	402	0%	1%	0%	0%	1%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	5%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	1%
Randolph	310	N/A*	N/A*	N/A*	N/A*	N/A*

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	1%	0%	0%
Rutherford-Polk	106	0%	4%	30%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	3%	0%	6%	0%	1%
SE Regional	304	0%	2%	9%	0%	0%
Smoky Mountain	101	0%	0%	36%	0%	0%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	0%	0%	0%	0%
V-G-F-W	208	0%	5%	2%	0%	0%
Wake	308	0%	3%	8%	0%	0%
Wayne	403	0%	0%	2%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

\*N/A - no data submitted to CDW in Q1

Accountability 3-CDW - Unknown Values, Q2

**2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 December 31, 2001**

**Accountability 3**

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified: **Client Outcomes Instruments (COI)**

**Explanation:** At this time, there is only one accountability measure for client outcomes: a comparison of the number of admission COIs where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6. The following table is a report on initial COIs submitted by 12/10/01. The data for NC TOPPS is for data scanned through 10/2001. Please note: Area Programs that are shaded have incomplete submission of admission data to the CDW for Quarter 1. Compliant percentages cannot be accurately calculated.

Area Program/County	Admission Records Ending in 3 or 6 in CDW	Admission COIs Submitted ( 3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	4	52	3	NA	NA
Albemarle	90	85		94.4%	94.4%
Blue Ridge	187	103	8	55.1%	59.4%
Catawba	112	101		90.2%	90.2%
CenterPoint	186	110	12	59.1%	65.6%
Crossroads	175	115		65.7%	65.7%
Cumberland	155	119		76.8%	76.8%
Davidson	116	38		32.8%	32.8%
Duplin-Sampson	90	88		97.8%	97.8%
Durham	46	45	2	97.8%	102.2%
Edgecombe-Nash	107	87		81.3%	81.3%
Foothills	122	77		63.1%	63.1%
Guilford	241	49	3	20.3%	21.6%
Johnston	71	61		85.9%	85.9%
Lee-Harnett	66	56		84.8%	84.8%
Lenoir	41	32		78.0%	78.0%
Mecklenburg	66	124	5	NA	NA
Neuse	78	77		98.7%	98.7%
New River	96	106		110.4%	110.4%
Onslow	69	40		58.0%	58.0%
O-P-C	49	59		120.4%	120.4%
Pathways	209	92		44.0%	44.0%
Piedmont	39	68	14	174.4%	210.3%
Pitt	94	46		48.9%	48.9%
Randolph	4	53		NA	NA
RiverStone	12	64		NA	NA
Roanoke-Chowan	59	47		79.7%	79.7%
Rockingham	62	50		80.6%	80.6%
Rutherford-Polk	44	24		54.5%	54.5%
Sandhills	135	35	2	25.9%	27.4%
Smoky Mountain	147	128		87.1%	87.1%

Area Program/County	Admission Records Ending in 3 or 6 in CDW	Admission COIs Submitted ( 3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Southeastern Center	152	91	6	59.9%	63.8%
Southeastern Regional	123	129		104.9%	104.9%
Tideland	96	28		29.2%	29.2%
Trend	60	45		75.0%	75.0%
V-G-F-W	51	8		15.7%	15.7%
Wake	116	90	1	77.6%	78.4%
Wayne	99	58		58.6%	58.6%
Wilson-Greene	49	46		93.9%	93.9%
<b>Statewide Totals</b>	<b>3718</b>	<b>2726</b>	<b>56</b>	<b>73.3%</b>	<b>74.8%</b>

Accountability3 - COI, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

**Accountability 3**

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified: **Comprehensive Treatment Services Program's Assessment and Outcome Instrument (AOI)**

This requirement has been suspended for the second quarter due to changes being made with the AOI data collection process within the Comprehensive Treatment Services Program funded services



2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete data reports for all persons as specified: MR/MI Person Centered Plans**

Explanation: Person Centered Plans are due during the birth month of the individual. Plans will be accepted if submitted by the fifth of the month following the birth month. Plans must be complete with specified attachments. Both timeliness and completeness are rated. Ratings of less than 90% for two reporting quarters will require a corrective action plan with specified timeframes for completion of improvements.

Area Program/County	PCP Due Current Qtr	PCP Due Previous Qtrs	PCP Due YTD	PCP Complete Current Qtr	PCP Complete Previous Qtrs	PCP Complete YTD	PCP Received On Time Current Qtr	PCP Rec'd On Time Previous Qtrs	PCP Received On Time YTD	PCP Total % Complete Current Qtr	PCP Total % Complete YTD	PCP Total % Rec'd On Time Current Qtr	PCP Total % Rec'd On Time YTD	Total PCP Submitted YTD
Alamance-Caswell	7	16	23	7	16	23	7	16	23	100%	100%	100%	100%	23 of 42
Albemarle	7	6	13	7	6	13	7	6	13	100%	100%	100%	100%	13 of 22
Blue Ridge	3	9	12	2	8	10	3	9	12	67%	83%	100%	100%	12 of 24
Catawba	2	5	7	1	5	6	2	5	7	50%	86%	100%	100%	10 of 15
CenterPoint	8	5	13	8	5	13	6	5	11	100%	100%	75%	85%	13 of 30
Crossroads	8	2	10	6	2	8	6	2	8	75%	80%	75%	80%	8 of 22
Cumberland	7	4	11	6	3	9	6	3	9	86%	82%	86%	82%	11 of 20
Davidson	12	2	14	11	1	12	11	1	12	92%	86%	92%	86%	14 of 23
Duplin-Sampson	4	3	7	4	3	7	4	3	7	100%	100%	100%	100%	7 of 19
Durham	5	9	14	5	9	14	4	9	13	100%	100%	80%	93%	14 of 30
Edgecombe-Nash	10	6	16	10	5	15	10	5	15	100%	94%	100%	94%	16 of 39
Foothills	10	13	23	10	13	23	10	13	23	100%	100%	100%	100%	23 of 47
Guilford	12	15	27	10	15	25	10	7	17	83%	93%	83%	63%	25 of 59
Johnston	1	1	2	1	1	2	1	1	2	100%	100%	100%	100%	2 of 11
Lee-Harnett	7	4	11	7	3	10	7	3	10	100%	91%	100%	91%	11 of 18
Lenoir	3	2	5	2	2	4	2	2	4	67%	80%	67%	80%	5 of 12
Mecklenburg	12	18	30	12	18	30	12	18	30	100%	100%	100%	100%	30 of 52
Neuse	6	9	15	6	9	15	6	9	15	100%	100%	100%	100%	15 of 30
New River	5	4	9	5	4	9	5	4	9	100%	100%	100%	100%	9 of 27
Onslow	5	2	7	4	1	5	4	2	6	80%	71%	80%	86%	7 of 18
O-P-C	15	8	23	14	6	20	14	6	20	93%	87%	93%	87%	21 of 45
Pathways	14	16	30	12	16	28	13	16	29	86%	93%	93%	97%	30 of 63
Piedmont	12	9	21	12	9	21	12	9	21	100%	100%	100%	100%	21 of 48
Pitt	7	8	15	4	8	12	4	8	12	57%	80%	57%	80%	15 of 25
Randolph	5	7	12	5	7	12	5	7	12	100%	100%	100%	100%	12 of 23
RiverStone	7	8	15	7	7	14	7	8	15	100%	93%	100%	100%	15 of 22
Roanoke-Chowan	5	3	8	5	3	8	5	3	8	100%	100%	100%	100%	8 of 17
Rockingham	5	5	10	5	5	10	5	5	10	100%	100%	100%	100%	10 of 24
Rutherford-Polk	5	5	10	3	5	8	4	5	9	60%	80%	80%	90%	9 of 12
Sandhills	10	7	17	10	7	17	10	7	17	100%	100%	100%	100%	17 of 38
SE Center	8	11	19	8	7	15	8	10	18	100%	79%	100%	95%	19 of 44
SE Regional	18	10	28	18	10	28	18	10	28	100%	100%	100%	100%	28 of 53
Smoky Mountain	1	8	9	1	8	9	1	8	9	100%	100%	100%	100%	9 of 32
Tideland	3	6	9	3	6	9	3	6	9	100%	100%	100%	100%	9 of 18
Trend	7	5	12	3	4	7	7	3	10	43%	58%	100%	83%	12 of 19
Tri-Alliance	5	7	12	5	6	11	4	4	8	100%	92%	80%	67%	12 of 32
V-G-F-W	11	7	18	11	7	18	11	6	17	100%	100%	100%	94%	18 of 49
Wake	18	10	28	18	10	28	18	10	28	100%	100%	100%	100%	28 of 61
Wayne	6	5	11	6	4	10	6	4	10	100%	91%	100%	91%	11 of 20
Wilson-Greene	13	7	20	12	7	19	13	7	20	92%	95%	100%	100%	20 of 34

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Participate in the Developmental Disabilities Core Indicators Project**

Explanation: Two actions are required for this indicator. From a random sample of consumers with developmental disabilities, Area Programs were to (1) obtain consent and (2) complete surveys on each individual. Area Programs were to submit completed survey information to UNC-Chapel Hill's Center for Development and Learning by October 31, 2001. Each Area Program will be rated for completeness and timeliness. Ratings for Completeness and Timeliness: 0 = "Unacceptable" (no supporting documents; documents submitted after the deadline); 1 = "Inadequate" (partial completion and/or submission of documents; and /or documents submitted late but before 30th of reporting month.); 2 = "Adequate" (supporting documents are present and complete; documents submitted on time.)

Area Program/County	Consents Obtained/Surveys Completed	Consents Obtained/Surveys Completed According to Time Frame
Alamance-Caswell	2	2
Albemarle	2	2
Blue Ridge	2	2
Catawba	2	2
CenterPoint	2	2
Crossroads	1	0
Cumberland	1	2
Davidson	2	2
Duplin-Sampson	2	2
Durham	2	2
Edgecombe-Nash	2	1
Foothills	2	2
Guilford	2	2
Johnston	2	2
Lee-Harnett	2	2
Lenoir	2	2
Mecklenburg	2	2
Neuse	2	2
New River	2	2
Onslow	2	1
O-P-C	2	2
Pathways	2	2
Piedmont	2	2
Pitt	1	2
Randolph	2	2
RiverStone	2	2
Roanoke-Chowan	2	2
Rockingham	1	2
Rutherford-Polk	1	1
Sandhills	2	2
Smoky Mountain	2	2
SE Center	2	2
SE Regional	2	2
Tideland	2	2
Trend	2	2
V-G-F-W	2	2
Wake	2	2
Wayne	2	2
Wilson-Greene	2	2

Accountability3-CoreIndicators, Q2

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001- December 31, 2001

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program waiting list data on a quarterly basis.**

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson	Yes
Durham	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes

### **Accountability 3- Assessment and Outcome Instrument (AOI)**

Submit client data reports on time for all clients as specified -- Comprehensive Treatment Services Program's Assessment and Outcome Instrument (AOI)

***This requirement has been suspended for the first quarter due to changes being made with the AOI data collection process within the Comprehensive Treatment Services Program funded services.***

**2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 – December 31, 2001**

## Access to Services 1

**Performance Requirement:** Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to maintain or improve penetration rates for Fiscal Year 2001 to Fiscal Year 2002, subject to available funding.

Explanation:

Penetration rate = ( A / B )

where A = Number of children in DSS custody receiving MH services from Area Programs. From Medicaid paid claims data.

B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data.

Children (age<18) with eligibility aid-category IAS or HSF.

Based on claims paid though Jun. 2001 and eligibility received through beginning of Jul. 2001.

	SFY1999 Adjusted Average	SFY2000 Adjusted Average	SFY2001 Adjusted Average	Adjusted sfy02 quarter 1	Adjusted sfy02 quarter 2
ALAMANCE CASWELL	30.4 %	27.4 %	21.3 %	18.1 %	13.8 %
ALBEMARLE	25.6 %	22.6 %	21.8 %	21.3 %	25.2 %
BLUE RIDGE	3.9 %	39.4 %	36.5 %	36.6 %	29.8 %
CATAWBA	36.3 %	35.3 %	28.8 %	28.7 %	25.5 %
CENTERPOINT	3.3 %	24.4 %	25.6 %	29.1 %	25.6 %
CROSSROADS	29.0 %	24.3 %	21.7 %	21.6 %	19.1 %
CUMBERLAND	16.7 %	15.7 %	15.2 %	14.5 %	11.8 %
DAVIDSON	27.1 %	25.7 %	23.0 %	26.5 %	23.0 %
DUPLIN SAMPSON	18.5 %	18.4 %	15.3 %	13.4 %	11.5 %
DURHAM	30.8 %	31.9 %	29.9 %	27.9 %	20.8 %
EDGEcombe NASH	31.1 %	25.2 %	26.1 %	27.4 %	26.4 %
FOOTHILLS	1.1 %	23.1 %	21.7 %	15.5 %	6.9 %
GUILFORD	29.3 %	30.2 %	22.6 %	22.4 %	21.5 %
JOHNSTON	20.1 %	21.1 %	28.7 %	23.0 %	19.8 %
LEE HARNETT	20.5 %	17.8 %	16.0 %	19.6 %	17.6 %
LENOIR	21.1 %	17.7 %	31.5 %	27.9 %	20.5 %
MECKLENBURG	22.8 %	26.3 %	27.2 %	23.4 %	20.2 %
NEUSE	21.5 %	21.7 %	20.7 %	17.6 %	17.6 %
NEW RIVER	36.7 %	38.4 %	34.5 %	27.8 %	21.8 %
ONslow	17.9 %	14.6 %	14.4 %	11.2 %	7.9 %
OPC	4.4 %	32.7 %	31.7 %	25.8 %	25.1 %
PATHWAYS	9.8 %	35.0 %	36.4 %	36.1 %	35.0 %
PIEDMONT	27.3 %	28.2 %	25.7 %	25.2 %	23.0 %
PITT	34.0 %	30.0 %	31.2 %	31.7 %	27.2 %
RANDOLPH	43.2 %	45.0 %	48.7 %	48.9 %	41.6 %
RIVERSTONE	21.6 %	26.6 %	24.7 %	34.9 %	32.2 %
ROANOKE CHOWAN	40.4 %	37.4 %	35.0 %	35.8 %	31.6 %
ROCKINGHAM	18.7 %	16.2 %	17.1 %	21.1 %	22.4 %
RUTHERFORD POLK	40.4 %	36.6 %	34.2 %	31.2 %	26.1 %
SANDHILLS	24.9 %	25.5 %	22.8 %	24.2 %	20.0 %
SMOKY MTN	9.0 %	36.3 %	31.7 %	26.4 %	25.6 %
SOUTHEASTERN	6.4 %	34.8 %	34.3 %	34.8 %	32.1 %
SOUTHEASTERN REG	23.1 %	20.3 %	20.7 %	20.6 %	17.8 %
TIDELAND	35.3 %	34.6 %	29.7 %	22.9 %	25.2 %
TREND	3.1 %	44.7 %	40.0 %	36.5 %	25.9 %
V G F W	4.4 %	30.2 %	27.3 %	21.2 %	18.2 %
WAKE	2.6 %	28.8 %	29.2 %	30.4 %	26.5 %
WAYNE	14.1 %	9.4 %	10.3 %	12.4 %	13.6 %
WILSON GREENE	18.2 %	19.1 %	18.6 %	22.3 %	19.9 %
State total	18.8 %	28.3 %	26.9 %	25.9 %	22.7 %

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 - December 31, 2001

## Client Rights and Relations 1

**Performance Requirement:** Administer the Division Client Satisfaction Surveys to mental health and substance abuse clients, consistent with Division standards and submit data received according to Division guidelines

**Explanation:** There is one accountability measure for the consumer satisfaction survey. This criterion is based upon scannable forms processed.

Area Program/County	Active Caseload	10% of Active MH & SA Caseload	Number of Forms Received	* Number of Scannable Forms	% of Expected
Alamance-Caswell	5295	530	537	535	101.0%
Albemarle	3035	304	378	377	124.2%
Blue Ridge	4125	413	622	606	146.9%
Catawba	2781	278	393	392	141.0%
CenterPoint	13516	1352	638	638	47.2%
Crossroads	7571	757	470	470	62.1%
Cumberland	4562	456	264	260	57.0%
Davidson	2853	285	332	332	116.4%
Duplin-Sampson	3228	323	575	575	178.1%
Durham	5746	575	719	716	124.6%
Edgecombe-Nash	4917	492	696	643	130.8%
Foothills	8077	808	551	545	67.5%
Guilford	24093	2409	542	534	22.2%
Johnston	2781	278	279	278	100.0%
Lee-Harnett	3421	342	146	146	42.7%
Lenoir	1889	189	280	270	142.9%
Mecklenburg	22375	2238	1990	1945	86.9%
Neuse	6173	617	688	673	109.0%
New River	6202	620	438	423	68.2%
Onslow	2973	297	194	193	64.9%
O-P-C	5246	525	357	325	62.0%
Pathways	9063	906	726	709	78.2%
Piedmont	5422	542	663	662	122.1%
Pitt	3721	372	383	383	102.9%
Randolph	3189	319	493	492	154.3%
RiverStone	2741	274	211	194	70.8%
Roanoke-Chowan	3414	341	369	369	108.1%
Rockingham	2258	226	232	232	102.7%
Rutherford-Polk	2955	296	190	186	62.9%
Sandhills	3868	387	622	619	160.0%
Smoky Mountain	8363	836	263	263	31.4%
SE Center	5680	568	694	675	118.8%
SE Regional	9538	954	214	202	21.2%
Tideland	4757	476	361	361	75.9%
Trend	2234	223	346	342	153.1%
V-G-F-W	4908	491	492	474	96.6%
Wake	7313	731	0	0	0.0%
Wayne	4216	422	237	232	55.0%
Wilson-Greene	3634	363	401	393	108.1%
<b>TOTAL FOR STATE</b>	<b>228133</b>	<b>22813</b>	<b>17986</b>	<b>17664</b>	<b>77.4%</b>

\* Number of scannable forms processed/10% of MH and SA Active Caseload.

### **Accountability 3- Assessment and Outcome Instrument (AOI)**

**Submit client data reports on time for all clients as specified -- Comprehensive Treatment Services Program's Assessment and Outcome Instrument (AOI)**

***This requirement has been suspended for the first quarter due to changes being made with the AOI data collection process within the Comprehensive Treatment Services Program funded services.***

2001-2002 Performance Agreement  
Second Quarter Report  
October 1, 2001 – December 31, 2001

## Access to Services 1

**Performance Requirement: Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to improve penetration rates for Fiscal Year 2001 to Fiscal Year 2002, subject to available funding**

Explanation: Penetration rate = ( A / B ) where A = Number of children in DSS custody receiving MH services from Area Programs. From Medicaid paid claims data. B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data. Children (age <18) with eligibility aid-category IAS or HSF. Based on claims paid through June 2001 and eligibility received through beginning of July 2001.

Area Program/County	SFY1999 Adjusted Average	SFY2000 Adjusted Average	SFY2001 Adjusted Average	Adjusted SFY02 Quarter 1	Adjusted SFY02 Quarter 2
ALAMANCE CASWELL	30.4 %	27.4 %	21.3 %	18.1 %	13.8 %
ALBEMARLE	25.6 %	22.6 %	21.8 %	21.3 %	25.2 %
BLUE RIDGE	3.9 %	39.4 %	36.5 %	36.6 %	29.8 %
CATAWBA	36.3 %	35.3 %	28.8 %	28.7 %	25.5 %
CENTERPOINT	3.3 %	24.4 %	25.6 %	29.1 %	25.6 %
CROSSROADS	29.0 %	24.3 %	21.7 %	21.6 %	19.1 %
CUMBERLAND	16.7 %	15.7 %	15.2 %	14.5 %	11.8 %
DAVIDSON	27.1 %	25.7 %	23.0 %	26.5 %	23.0 %
DUPLIN SAMPSON	18.5 %	18.4 %	15.3 %	13.4 %	11.5 %
DURHAM	30.8 %	31.9 %	29.9 %	27.9 %	20.8 %
EDGECOMBE NASH	31.1 %	25.2 %	26.1 %	27.4 %	26.4 %
FOOTHILLS	1.1 %	23.1 %	21.7 %	15.5 %	6.9 %
GUILFORD	29.3 %	30.2 %	22.6 %	22.4 %	21.5 %
JOHNSTON	20.1 %	21.1 %	28.7 %	23.0 %	19.8 %
LEE HARNETT	20.5 %	17.8 %	16.0 %	19.6 %	17.6 %
LENOIR	21.1 %	17.7 %	31.5 %	27.9 %	20.5 %
MECKLENBURG	22.8 %	26.3 %	27.2 %	23.4 %	20.2 %
NEUSE	21.5 %	21.7 %	20.7 %	17.6 %	17.6 %
NEW RIVER	36.7 %	38.4 %	34.5 %	27.8 %	21.8 %
ONslow	17.9 %	14.6 %	14.4 %	11.2 %	7.9 %
OPC	4.4 %	32.7 %	31.7 %	25.8 %	25.1 %
PATHWAYS	9.8 %	35.0 %	36.4 %	36.1 %	35.0 %
PIEDMONT	27.3 %	28.2 %	25.7 %	25.2 %	23.0 %
PITT	34.0 %	30.0 %	31.2 %	31.7 %	27.2 %
RANDOLPH	43.2 %	45.0 %	48.7 %	48.9 %	41.6 %
RIVERSTONE	21.6 %	26.6 %	24.7 %	34.9 %	32.2 %
ROANOKE CHOWAN	40.4 %	37.4 %	35.0 %	35.8 %	31.6 %
ROCKINGHAM	18.7 %	16.2 %	17.1 %	21.1 %	22.4 %
RUTHERFORD POLK	40.4 %	36.6 %	34.2 %	31.2 %	26.1 %
SANDHILLS	24.9 %	25.5 %	22.8 %	24.2 %	20.0 %
SMOKY MTN	9.0 %	36.3 %	31.7 %	26.4 %	25.6 %
SOUTHEASTERN	6.4 %	34.8 %	34.3 %	34.8 %	32.1 %
SOUTHEASTERN REG	23.1 %	20.3 %	20.7 %	20.6 %	17.8 %
TIDELAND	35.3 %	34.6 %	29.7 %	22.9 %	25.2 %
TREND	3.1 %	44.7 %	40.0 %	36.5 %	25.9 %
V G F W	4.4 %	30.2 %	27.3 %	21.2 %	18.2 %
WAKE	2.6 %	28.8 %	29.2 %	30.4 %	26.5 %
WAYNE	14.1 %	9.4 %	10.3 %	12.4 %	13.6 %
WILSON GREENE	18.2 %	19.1 %	18.6 %	22.3 %	19.9 %
State total	18.8 %	28.3 %	26.9 %	25.9 %	22.7 %

Access1-DSS Custody, Q2



## APPENDIX

2001-2001 Performance Agreement  
**Corrected First Quarter Report**  
 July 1, 2001 - September 30, 2001

### Accountability 3

**Performance Requirement:** Submit timely and complete data reports for all persons as specified: **MR/MI Person Centered Plans**

Explanation: Person Centered Plans are due during the birth month of the individual. Plans will be accepted if submitted by the fifth of the month following the birth month. Plans must be complete with specified attachments. Both timeliness and completeness are rated. Ratings of less than 90% for two reporting quarters will require a corrective action plan with specified timeframes for completion of improvements.

Area Program/County	PCP Due Current Qtr	PCP Due Previous Qtrs	PCP Due YTD	PCP Complete Current Qtr	PCP Complete Previous Qtrs	PCP Complete YTD	PCP Received On Time Current Qtr	PCP Rec'd On Time Previous Qtrs	PCP Received On Time YTD	PCP Total % Complete Current Qtr	PCP Total % Complete YTD	PCP Total % Rec'd On Time Current Qtr	PCP Total % Rec'd On Time YTD	Total PCP Submitted YTD
Alamance-Caswell	16	0	16	16	0	16	16	0	16	100%	100%	100%	100%	16 of 42
Albemarle	6	0	6	6	0	6	6	0	6	100%	100%	100%	100%	6 of 22
Blue Ridge	9	0	9	8	0	8	9	0	9	90%	90%	100%	100%	9 of 24
Catawba	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5 of 15
CenterPoint	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5 of 30
Crossroads	2	0	2	2	0	2	2	0	2	100%	100%	100%	100%	2 of 22
Cumberland	4	0	4	3	0	3	3	0	3	75%	75%	75%	75%	4 of 20
Davidson	2	0	2	1	0	1	1	0	1	50%	50%	50%	50%	2 of 23
Duplin-Sampson	3	0	3	3	0	3	3	0	3	100%	100%	100%	100%	3 of 19
Durham	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9 of 30
Edgecombe-Nash	6	0	6	6	0	6	6	0	6	100%	100%	100%	100%	6 of 36
Foothills	13	0	13	13	0	13	13	0	13	100%	100%	100%	100%	13 of 47
Guilford	15	0	15	7	0	7	7	0	7	47%	47%	47%	47%	15 of 59
Johnston	1	0	1	1	0	1	1	0	1	100%	100%	100%	100%	1 of 11
Lee-Harnett	4	0	4	3	0	3	3	0	3	75%	75%	75%	75%	4 of 18
Lenoir	2	0	2	2	0	2	2	0	2	100%	100%	100%	100%	2 of 11
Mecklenburg	18	0	18	18	0	18	18	0	18	100%	100%	100%	100%	18 of 52
Neuse	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9 of 28
New River	4	0	4	4	0	4	4	0	4	100%	100%	100%	100%	4 of 27
Onslow	2	0	2	1	0	1	2	0	2	50%	50%	100%	100%	2 of 18
O-P-C	8	0	8	6	0	6	6	0	6	63%	63%	63%	63%	8 of 45
Pathways	16	0	16	16	0	16	16	0	16	100%	100%	100%	100%	16 of 63
Piedmont	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9 of 48
Pitt	8	0	8	8	0	8	8	0	8	100%	100%	100%	100%	8 of 25
Randolph	7	0	7	7	0	7	7	0	7	100%	100%	100%	100%	7 of 23
RiverStone	8	0	8	7	0	7	8	0	8	88%	88%	100%	100%	8 of 22
Roanoke-Chowan	4	0	4	4	0	4	4	0	4	100%	100%	100%	100%	4 of 17
Rockingham	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5 of 24
Rutherford-Polk	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5 of 13
Sandhills	7	0	7	7	0	7	7	0	7	100%	100%	100%	100%	7 of 38
SE Center	11	0	11	8	0	8	10	0	10	72%	72%	90%	90%	11 of 44
SE Regional	10	0	10	10	0	10	10	0	10	100%	100%	100%	100%	10 of 53
Smoky Mountain	8	0	8	8	0	8	8	0	8	100%	100%	100%	100%	8 of 32
Tideland	6	0	6	6	0	6	6	0	6	100%	100%	100%	100%	6 of 18
Trend	5	0	5	4	0	4	3	0	3	86%	86%	71%	71%	5 of 19
Tri-Alliance	7	0	7	6	0	6	4	0	4	89%	89%	57%	57%	7 of 32
V-G-F-W	7	0	7	6	0	6	4	0	4	63%	63%	63%	63%	8 of 49
Wake	10	0	10	10	0	10	10	0	10	100%	100%	100%	100%	10 of 61
Wayne	5	0	5	4	0	4	4	0	4	80%	80%	80%	80%	4 of 20
Wilson-Greene	7	0	7	7	0	7	7	0	7	100%	100%	100%	100%	7 of 34
										Accountability3-MRMI PCPlans Revised. Q1				